Chronology

of the

Swine Flu Pandemic

(2009-2010)

ЯemembeR

«... I have therefore decided to raise the level of influenza pandemic alert from phase 5 to phase 6 ... No previous pandemic has been detected so early or watched so closely, in real-time, right at the very beginning ... »

Dr Margaret Chan, 11 June 2009

Chronology
of the
Swine Flu
Pandemic

a Collection
of articles, documents, news, and remarks
on the Swine Flu Pandemic
2009 - 2010

ЯemembeR
2023

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Disclaimers

This Collection was compiled by Dr. Mikhail Teppone.

It was prepared in the course of research on Swine Flu Pandemic that was declared in 2009.

The need for this collection is due to the fact that many web pages with the information related to the history of the Swine Flu Pandemic have been removed from the original sites and were preserved only in the web archive or on a third party websites.

The Collection has been prepared for research and education purposes to encourage further studies related to influenza pandemics that have occurred in the XXI century.

The Collection includes information that was found in the public domain only.

The Compiler declares there is no conflict of interests or any financial interest.

[M. Teppone].

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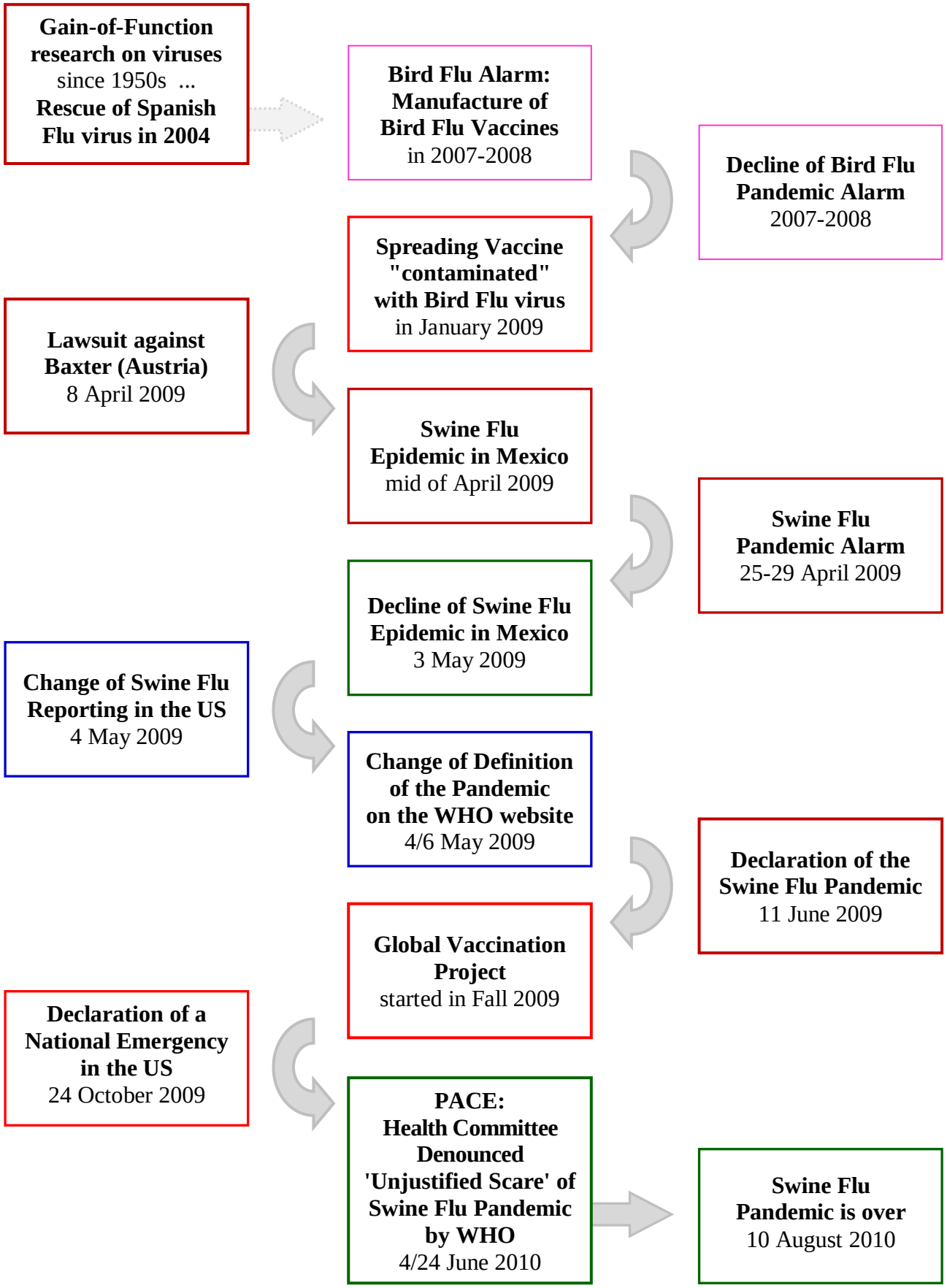
Roadmap
of the Swine Flu Pandemic


Gain-of-Function research on viruses since 1950s ... Rescue of Spanish Flu virus in 2004
Bird Flu Alarm: Manufacture of Bird Flu Vaccines in 2007-2008
Decline of Bird Flu Pandemic Alarm 2007-2008
Spreading Vaccine "contaminated" with Bird Flu virus in January 2009
Lawsuit against Baxter (Austria) 8 April 2009
Swine Flu Epidemic in Mexico mid of April 2009
Swine Flu Pandemic Alarm 25-29 April 2009
Decline of Swine Flu Epidemic in Mexico 3 May 2009
Change of Swine Flu Reporting in the US 4 May 2009
Change of Definition of the Pandemic on the WHO website 4/6 May 2009
Declaration of the Swine Flu Pandemic 11 June 2009
Global Vaccination Project started in Fall 2009
Declaration of a National Emergency in the US 24 October 2009
PACE: Health Committee Denounced 'Unjustified Scare' of Swine Flu Pandemic by WHO 4/24 June 2010
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Universal treatment of acute infectious diseases

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Universal treatment of acute infectious diseases

Mikhail Teppone

**The phase dynamics of the COVID-19 pandemic:
a systematic analysis of 213 Countries and Territories**

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1.2. Infectious disease is a battle between the human body's defense and viruses or bacteria

History of the battle against viruses and bacteria dates back at least several thousand years. Ancient physicians already knew about external pathogens which could cause acute febrile diseases. They also knew that an evolution of any clinical case depended on the health status of the patient before the onset of the disease, so they talked about «body defense». At the beginning of modern microbiology, the importance of body resistance was confirmed by a Prof. Max von Pettenkofer, who swallowed the entire contents of a tube filled with germs of cholera, but nothing happened to him. So, he claimed: «*The important thing is the disposition of the individual*!».[1]

Despite a variety of external pathogens, the human body has a limited number of defense mechanisms, which is accompanied by a few clinical syndromes, consisting of common symptoms, such as fatigue, chills or hot feeling, headache, cough, shortness of breath, nausea, vomiting, diarrhea, skin rashes or discoloration of the skin, etc.

In ancient times the mechanism of the onset of fever was differentiated into two main groups (*hot* & *cold*) based on the presence of thirst, sweating, chills, or feelings of heat; and the choice of individual treatment was determined by the type of fever. According to the modern view on fever, which commonly accompanies infectious diseases, one can define only two mechanisms leading to an increase in temperature: one is an increase in heat production (a ***cold*** type) and the other, a decrease in heat transfer (a ***hot*** type), or their combination.[2] Thus ancient and modern explanations of fever are quite similar, and two types of antipyretic medicines are necessary and sufficient to manage any case of excessive fever. Similarly, 2–3 mechanisms can be identified that underlie each of the remaining symptoms of any acute viral disease, so, a small group of commonly used drugs would be sufficient to manage any infectious diseases, including *old* and *new* ones.

After the discovery of bacteria and viruses as a cause of infectious diseases, the main emphasis was changed from supporting the body resistance to the fighting against pathogens. It was successful in the majority of bacterial infection cases, but it was almost useless when disease was caused by a virus.

Therefore, if there is no etiotropic treatment, then there is no need to identify a new viral disease. All pharmaceutical and non-pharmaceutical therapeutic modalities would be addressed to the well-known protective mechanisms of the human body, and treatment should be based on the leading syndromes and symptoms, using the principle called *off-label* therapy.

1.4. Treatment of patients suffering from acute infectious diseases

About 1800 years ago, Dr. Zhang Zhongjing summarized the results of research from previous generations and developed a theory of acute infectious diseases, which explained therapy based on leading clinical symptoms and syndromes.[3] According to this theory, there could be only 6 phases, and certain phases could have 2–3 variants. Thus, the whole variety of clinical syndromes related to infectious diseases was limited to 10–12 variants, each having specific treatment and prevention.

There are some examples of treatment of the initial phases of infectious diseases: in the case of initial fever with general cold feelings without sweating – *Herba Ephedrae* was recommended; if there is initial fever with general hot feelings – *Folium Mori Albae* or *Herba Menthae Haplocalycis* should be used; if there is initial fever with intensive sweating or tension in the muscles – *Ramulus Cinnamomi Cassiae* was recommended; in the case of fever with alternating cold and hot feelings – *Radix Bupleuri*, was used, etc. A change in symptoms pointed to a change in the phase of the disease and required an adjustment of therapy. If a patient has a severe fever with hemorrhagic symptoms, skin rashes, kidney and liver impairment, delirium, etc. – *Radix of Isatis tinctoria* should be applied.[4]

(a) Phases of Defense System Affection	(b) Six Phases of Acute Infectious Diseases		(c) General Adaptation Syndrome by H. Selye
Activation of defense	1. *Tai Yang*	- Common cold symptoms	**Alarm Phase**
Unstable phase	2. *Shao Yang*	- Unstable phase	
Highest activity of defense	3. *Yang Ming*	- Progressive fever	(Adaptation Phase)
Exhaustion of defense	4. *Tai Yin*	- Beginning of exhaustion	**Exhaustion Phase**
	5. *Shao Yin*	- Hemorrhagic and other Complications	
	6. *Jue Yin*		

Theories which describe phase evolution of acute infectious diseases:
(a) Four phases of defense in a case of disease caused by "excessive heat".[5]
(b) Six phases of diseases caused by either "cold" or "heat", or "wind".[3]
(c) Three phases according to the general adaptation syndrome theory discovered by Hans Selye.[6-8]

...

During later centuries, protocols of infectious disease treatment were updated according to the new scientific discoveries of that time. Excepting deadly epidemic diseases (plague, smallpox, or cholera), therapy of other infectious diseases was effective and successful.

Theoretically, modern medicine having a long history in the past and advanced pharmaceutical science nowadays must be able to treat any problem more effectively than our predecessors, but the helplessness of the modern medical system during the current pandemic (2019-2022) was beyond common sense, and raised questions about the quality of education of the distinguished medical leaders and their followers.

...

As far as acute infectious diseases are concerned, their pathological condition is not stable, but has several phases. Each of the phases requires the use of different medicines and patient care. It would be illogical to look for the treatment of COVID-19 in general, when each phase of the disease requires an appropriate group of medicines. Then a doctor should choose one or two medicines, taking into account the main symptoms of a certain patient.

Multiple attempts to find a unique medicine against 'COVID-19' have failed. That suggests that treatment of COVID-19 or any further new acute viral infectious diseases should be managed by means of routine drugs applied as *off-label* therapy.

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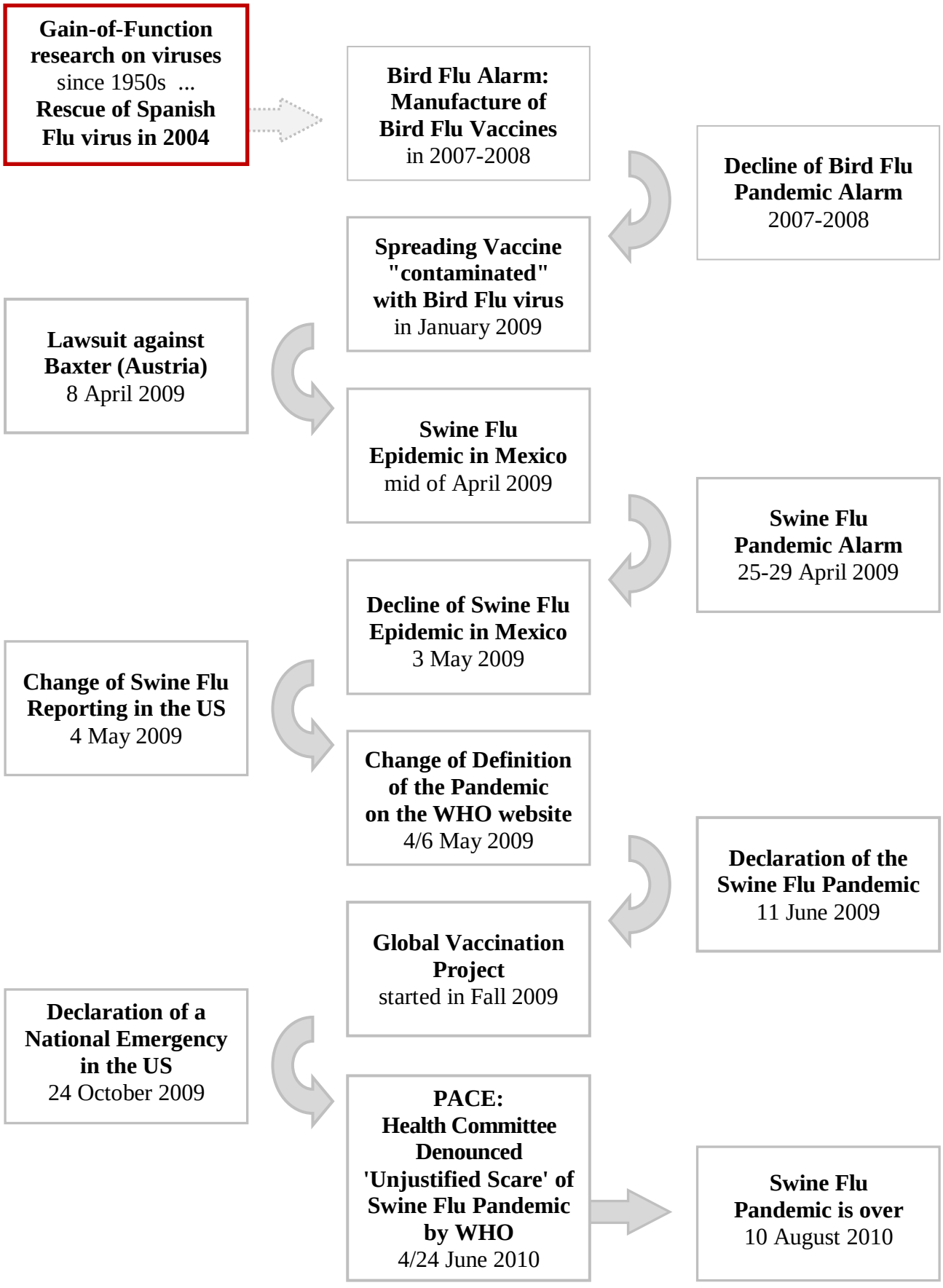
Part 2

Introduction:

Some events before the Declaration of the Pandemic

Roadmap
of the Swine Flu Pandemic


Gain-of-Function research on viruses since 1950s ... Rescue of Spanish Flu virus in 2004
Bird Flu Alarm: Manufacture of Bird Flu Vaccines in 2007-2008
Decline of Bird Flu Pandemic Alarm 2007-2008
Spreading Vaccine "contaminated" with Bird Flu virus in January 2009
Lawsuit against Baxter (Austria) 8 April 2009
Swine Flu Epidemic in Mexico mid of April 2009
Swine Flu Pandemic Alarm 25-29 April 2009
Decline of Swine Flu Epidemic in Mexico 3 May 2009
Change of Swine Flu Reporting in the US 4 May 2009
Change of Definition of the Pandemic on the WHO website 4/6 May 2009
Declaration of the Swine Flu Pandemic 11 June 2009
Global Vaccination Project started in Fall 2009
Declaration of a National Emergency in the US 24 October 2009
PACE: Health Committee Denounced 'Unjustified Scare' of Swine Flu Pandemic by WHO 4/24 June 2010
Swine Flu Pandemic is over 10 August 2010

San Francisco Examiner

Mary Jo Takach

No Cure for that Cold?

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https://newspaperarchive.com/tags/?pl=common-cold-is-like-the-weather&pr=10&page=2/

No Cure For That Cold?

By Mary Jo Takach

New York

THE common cold is like the weather — everybody talks about it but no one can do much about it.

Nearly 26 years ago Britain's Medical Research Council set up a unit at Harvard Hospital, Salisbury, to study common colds. In the beginning, in England, as in the United States, the major research was to identify the cause of the common cold. The study of viruses was young and scientists were hopeful that only one or two caused the common cold.

Volunteers Exposed

The original viruses were identified by exposing volunteers to them and seeing what happened. The volunteers would be inoculated with potentially infectious viruses by placing a few drops of liquid containing them into the nose and if any of them developed colds this would indicate that virus had been present in the inoculus, explains Dr. Sylvia Reed of the cold unit's research staff.

Today, the number of viruses is no longer of interest. "It is now known that there are more than 90 serotypes of rhinoviruses, which do not cross-immunize against one another," Dr. Reed says. "Furthermore, a new group of viruses has also been isolated. These are called human coronaviruses and they also cause typical colds."

Dr. James Spray of the National Center for Disease Control in Atlanta, Ga., estimates that there are at least 200 cold viruses which cause Americans to lose 47 million workdays and 65 million school days every year.

These viruses do not cross-immunize. This means each virus would need its own vaccine. In addition, vaccines cause antibodies in the bloodstream and cold viruses affect the outer linings of the nasal passages — just about as far away from the bloodstream as one can get in the body," Dr. Spray notes. Also, the immunity against a cold lasts for about two weeks.

Thus, researchers have decided it is just not worth the effort to develop 200 vaccines which would have to be given every two weeks or so. The U.S. National Institutes of Health (NIH) closed down its Board of Vaccine Development last year, deciding it was a waste of time and money. The British equivalent is still flourishing although the trend of its research has changed radically.

There are at least 200 cold viruses

Volunteers, however, still enroll in the British program for 10 days. Only healthy people aged 18 to 50 are accepted and they are isolated in pairs or threes in comfortable apartments. The only people the volunteers meet other than their "flatmates" are the doctor, nurse and virologists, who are all gowned and masked.

Many of the volunteers are students, nurses, married couples or groups of housewives who can enjoy a relaxing holiday without expenses and with a bit of pocket money. Only about a third come down with a cold. Some actually return for another "vacation."

"At present," Dr. Reed explains, "the volunteers assist in two main research topics." One is assessing the activity in man of antiviral drugs. The other is testing influenza vaccines.

"At Salisbury, drugs which are known to be active against respiratory viruses in test tubes and which have satisfactorily completed their toxicology testing can be assessed for activity against experimental infections of volunteers using rhinoviruses, coronaviruses or attenuated influenza viruses," Dr. Reed says.

Possible Drugs

There are several drugs, according to Dr. Donald D'Alessio, an assistant professor of preventive medicine at the University of Wisconsin, which show some tendency to kill viruses the way antibiotics kill bacteria. "We have tested several compounds which showed activity in tissue against a group of viruses. Unfortunately, in humans the activity of these drugs is marginal."

When a specific compound does not work, researchers then try different derivatives of the compound in hope that one of these will prove stronger. As of yet, Dr. D'Alessio says, there has been no compound that shows itself to be "hot stuff," despite recent reports of one that has given some positive results in animal tests.

Enterprise Science Service

The common cold is like the weather – everybody talks about it but no one can do much about it.

Nearly 26 years ago Britain's Medical Research Council set up a unit at Harvard Hospital, Salisbury, to study common colds. In the beginning, in England, as in the United States, the major research was to identify the cause of the common cold. The study of viruses was young and scientists were hopeful that only one or two caused the common cold.

Volunteers Exposed

The original viruses were identified by exposing volunteers to them and seeing what happened. The volunteers would be inoculated with potentially infectious viruses by placing a few drops of liquid containing them into the nose and if any of them developed colds this would indicate that virus had been present in the inoculus, explains Dr. Sylvia Reed of the cold unit's research staff.

Today, the number of viruses is no longer of interest. "It is now known that there. are more than 90 serotypes of rhinaviruses, which do not crossimmunize against one another," Dr. Reed says. "Furthermore, a new group of viruses has also been isolated. These are called human coronaviruses and they also cause typical colds."

Dr. James Spray of the National Center for Disease Control in Atlanta, Ga., estimates that there are at least 200 cold viruses which cause Americans to lose 47 million work-days and 65 million school days every year.

These viruses do not cross-immunize. This means each virus would need its own vaccine. In addition, vaccines cause antibodies in the blood-stream and cold viruses affect the outer linings of the nasal passages – "just about as far away from the bloodstream as one can get in the body." Dr. Spray notes. Also, the immunity against a cold lasts for about two weeks.

Thus researchers have decided it is just not worth the effort to develop 200 vaccines which would have to be given every two weeks or so. The U.S. National Institutes of Health (NTH) closed down its Board of Vaccine Development last year, deciding it was a waste of time and money. The British equivalent is still flourishing although the trend of its research has changed radically.

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Enterprise Science Service

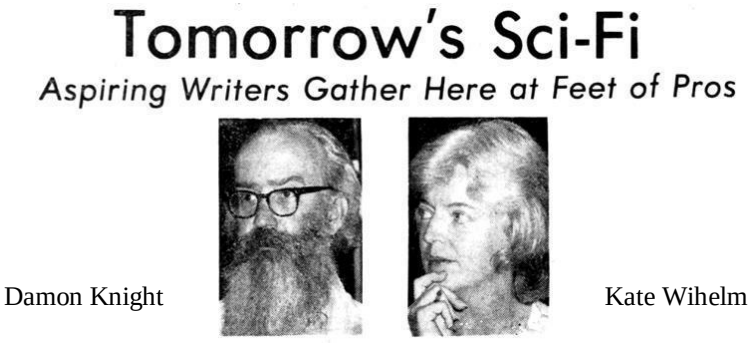
THE State Journal

W. Kim Heron

Tomorrow's Sci-Fi: Aspiring writers gather here at feet of pros

The State Journal (Lansing, MI), 1975, Aug 12, Tue, p. B-3.

Stan Robinson from California stood in the phone booth: "I found your letter on the floor. I guess it has been there about two weeks so I figured I better call ... Yes, things are going well, Damon is here ..." The revered editor and writer Damon Knight of science fiction circles and his wife Kate (Kate Wilhelm of science fiction and nonscience fiction circles) were in their room with four of the floating pool of 25 Clarionoids writers of the Clarion science fiction writing workshop con-ference and their coordinator Larry Isaacs.



Damon Knight Kate Wihelm

The Mason Hall apartment on Michigan State University campus. on one of the final mornines of the work-shop, was littered with peanut jars, beer bottles. empty glasses. glasses being emptied, manuscripts. Damon's bare feet over the edge of the coffee table and bing-flopping-bing-thud, mini-sized superbails careening off the walls, making occupants duck. Welcome to closing scenes from Clarion 8: A science fic-tion writer's workshop which for the past six weeks put together 25 aspiring science fiction writers with six professionals, one a week for the first four weeks. then the Knights for two weeks together.

The first four were Samuel Delaney, Gene Wolfe, Joe Haldeman and Roger Zelanzny, all familiar names to science fiction devotees. Damon Knight also buys workshop material for his biannual "Orbit" hard-back anthology. This year Kate Wilhelm is planning an anthol ogy of Clarion writers, to indude this year's workshop and last year's. The original "Clarion" series was edited by former director Robin Scott Wilson. After watching one clannoid spit a ping pong ball out of his mouth – which struck another, cutting off his Donald Duck imitation during an early morning insanity session – Isaacs explained that "this year may not be the best writers, or the brightest intellects, but they do display the widest array of talents." The writers come from a variety of backgrounds though most are either college students, graduates or dropouts. They vary in age from 18 to 37 and geologically they range coast to coast and north to Saskatoon in Canada.

Most Have written before; some have been published, others have collected folders full of rejection notices. All are white. 21 are male and four female. The attraction to science fiction is in part no different from the attraction of Buck Rogers in the pulp '40s: The fantastic. Len Rosenberg, an unem ployed former college student from New York, said, "I like the fantastic and the weird, and I think that science fiction is a good kind of meta-phor for society and the changes that are taking place."

Knight Puts it in a larger context, saying that our current notions of fiction come from realism and naturalism, a movement that is only about 100 years old. "All the way back men have dreamed of strange places. like Sinbad's voyages to strange places," said Kate Wilhelm. "Now it's spaceships instead of sailing boats." The workshop produced numerous stories around three problems in particular raised by current science: Cloning, genetic manipulation and brain control.

Cloning is a technique where a single cell or bit of tissue from an organism could be used to regrow an entire organism. In human terms, scientists could thus grow a twin from anyone, using a piece of his or her tissue.

Genetic manipulation is the process of altering the genes which determine the form, function and operation of an organism. For example, a genetically altered human could have gills, while a genetically altered virus might be one human beings, would have no immunity to. Recent brain research has revealed new information about how the brain operates. but this knowledge can be used for good or evil.

All these become fertile grounds for science fiction writers worried about the re-luctance of scientists to look into the implications of their own research. While science, technology and gadgetry have been corn-mon in science fiction, the writers today enter a more literate and more respectable field than the pulp days. Science fiction has become an accepted part of many college programs and is being adopted m high schools. What was a "ghettoized" school of writing is now closer to the mainstream than ever. But the short story market the writers hope to sell to is in a dreary state. Reprints outsell new material and pay averages three cents a word. A major impact of the workshop, according to most participants and writers alike was on basic writing skills, not problems particular to science fiction.

But what the workshop offered most of all was in-stant feedback. Mike Berlyn, a college stu-dent from Florida, busily edit-ing another writer's manus-cript, said, "The great thing is that you're with each other 24 hours a day. "You get direct feedback," he said. "This workshop has taken my writing from the 1940s to the 1970s ... well, at least the 1950s."

The New York Times

Edwin D. Kilbourne

Flu to the Starboard! Man the Harpoons! Fill 'em With Vaccine! Get the Captain! Hurry!

The New York Times, Feb. 13, 1976, p. 32
https://www.nytimes.com/1976/02/13/archives/flu-to-the-starboard-man-the-harpoons-fillem-with-vaccine-get-the.html

World-wide epidemics, or pandemics, of influenza have marked the end of every decade since the 1940's – at intervals of exactly eleven years 1946, 1957 and 1968. A perhaps simplistic reading of this immediate past tells us that 11 plus 1968 is 1979, and urgently suggests that those concerned with the public health had best plan without further delay for an imminent natural disaster.

Since the virus of influenza was first isolated in 1933, it has been measured, dissected and chemically analyzed with the assumption that its tiny particle holds the secret of its unique ability to persist into the twentieth century as the last great plague of man. In truth, the influenza virus particle will reveal the secret of its unusual mutability when the function of its genes and proteins can be understood.

The basic structure of the virus is now known, its proteins and genes counted and numbered and subject to deliberate laboratory manipulation, yet we have no answer to its predictable disappearance every ten years and its periodic replacement by new mutants to which the whole world is susceptible.

Reasonably effective vaccines for influenza have been available for thirty years, but not even recent pandemics have been significantly influenced by human intervention. Whenever pandemic influenza next appears, we must improve upon our well-intentioned but uncoordinated individual efforts of the past that have resulted in ambiguous advice to the public and inadequate production and maldistribution of vaccines.

The initial introduction in 1968 of the currently circulating Hong Kong subtype of influenza virus witnessed within the United States alone the occurrence of more than 50 million illnesses and 19,000 influenza-associated deaths (and 1968 was not our worst pandemic year). The economic burden of such a disaster is not easily Calculated but in 1968-69 approached $4 billion if losses in earnings are added to total medical costs.

If, then, we accept pandemic influenza as a disaster and are concerned about its apparent predictability, what can be done about the predictable disaster of circa 1979? Although hardly as predictable as the tides, the recurrence of pandemics is predictable, if the record of the last 400 years is any guide to the future.

Much can be done without a single new scientific development. Our present vaccine policy is not carried out in practice. This policy recommends the preferential immunization of the estimated 45 million Americans unusually susceptible to influenza complications (pneumonia and death) even in interpandemic years.

But only about 20 million doses of vaccine are produced annually, and of this amount less than half reaches the high-risk population.

A central advisory commission should be established to coordinate the influenza-related research activities of the National Institute for Allergy and Infectious Diseases, the vaccine regulatory functions of the Bureau of Biologics of the Food and Drug Administration, and the epidemiological surveillance and public health advisory functions of the Center for Disease Control, to insure adequate production of vaccine by the private sector and its appropriate distribution. Achievement of this objective may require governmental subsidizing of industry with the probability of occasional overproduction of vaccine – but discarded vaccine should be weighed against discarded lives.

Although present vaccines do not produce lasting immunity, they are 70 percent to 90 percent effective for about one year. These vaccines have never been systematically or widely used during pandemics. If only individuals abnormally susceptible to fatal complications (those over 65 years of age and those with cardiac or pulmonary disease) were selectively immunized, many of the predictable thousands of deaths and millions of illnesses could be prevented.

Recent basic research has already yielded practical dividends in enhancement of vaccine production by the use of genetically modified viruses – thus shortening the production lag responsible, in part, for past vaccine shortages in pandemic years.

Meanwhile, research on new live virus vaccines as well as basic studies should be accelerated so that these and other new approaches to the control of pandemic influenza can be tested when pandemic influenza, the predictable natural disaster, next strikes.

The New York Times

Harold M. Schmeck, Jr.

U.S. Calls Flu alert on possible return of epidemic's virus.
Special to The New York Times

The New York Times, 1976, Feb. 20, p. 1, 69.
https://www.nytimes.com/1976/02/20/archives/us-calls-flu-alert-on-possible-return-of-epidemics-virus-us-flu.html

WASHINGTON, Feb. 19 – The possibility was raised today that the virus that caused the greatest world epidemic of influenza in modern history—the pandemic of 1918-19—may have returned.

As yet no one knows whether this has happened. Because of the potential importance of such a return, however, Federal health experts are alerting all state health departments and the World Health Organization. A worldwide influenza surveillance network will he looking for the suspected virus.

The experts said that there was little danger of any “wildfire” epidemic of the newly found virus this season, since flu virus seems to spread slowly and the flu season usually ends by mid-March or lateApril.

The reason for the alert, made public today, was the discovery of an unusual strain of influenza virus in four flu victims at Fort Dix, N.J. One of the patients, an 18-year-old man, died.

The announcement was made in Atlanta today by experts at the Federal Government's Center for Disease Control. It was disclosed that the four patients at Fort Dix were infected with la virus that appeared to he hybrid combining characteristies of human Asian flu virus and a virus that causes flu-like illness in swine.

“Although the swine-type virus has been found in swine for many years, this is the first time to our knowledge that it, has been associated with an outbreak of influenza in the human population in the United States,” said Dr. H. Bruce Dull, assistant director of the disease-control center. “Whether this is significant or merely a curiosity Is unknown at this time.”

The reason for the alert, he and other experts said, is that some evidence suggests that the great flu pandemic of 1918- 19 was caused by a virus related to that of swine influenza.

The main evidence is that many persons over the age of 50 have antibodies to the swine, influenza virus, suggesting that they must have been exposed to it. Influenza viruses were not discovered until the 1930's.

For that reason, health experts have no way of knowing specifically what virus strain caused the great pandemic,

The word pandemic means world epidemic. The influenza pandemic of 1918-19 is believed to have involved 200 million cases—perhaps one-tenth of the human race at that time—and about 20 million deaths. Nothing approaching that pandemic has been seen since, although there have been periodic world. outbreaks.

In the United States, the toll from the 1918-19 pandemic was roughly 20 million cases and half a million deaths.

The virus that caused the, pandemic was both exceptionally widespread and unusually deadly. After the great outbreak, that virulent form apparently did not persist long in the human population.

Occasional cases of flu in humans have been linked to virus like the swine virus. There was one such case in 1974 in Minnesota and one last fall in Wisconsin, both in farm residents.

The cluster of cases at Fort Dix was an entirely different sort of occurrence. It involved four persons, none of whom seemed likely to have been exposed to swine carrying virus.

The virus was discovered during routine investigations by, New Jersey and military doctors. Now, in addition to the worldwide alert, the New Jersey and military medical authorities are carefully evaluating flu in New Jersey to see if the virus may extend beyond the four cases.

“It is possible that the cluster of cases at Fort Dix represents little more than a curiosity,”

Dr. Dull said. “Nevertheless, the findings require careful evaluation and special investigation.” Existing flu vaccines would be of virtually no use against the newly detected virus. Vaccine experts will meet with officials of the Food and Drug Adminstration tomorrow to decide what steps need to be taken, if any.

Dr. Dull and Dr. Walter R. Dowdle of the C.D.C. virology division said today that there was little danger of any “wildfire” epidemic of the newly found virus this season. Flu virus seems to spread relatively slowly, they said, and the flu season ordinarily ends by midMarch or late-April. Thus, the current season is already waning, and the next one is not, expected until late fall or early winter.

Dr. Dull said that the four cases at Fort Dix were identified early in February and, to date, no further infections with the swine-type virus was found.

He and Dr. Dowdle said it might take about six months to develop and produce large amounts of a new vaccine effective against the virus found at Fort Dix.

Ordinarily, they said, vaccines for the 1976-77 flu season would be going into production at about this time of year. Because the influenza virus is very changeable, new vaccine types have to be produced every few years.

Dr. Dull said it should he possible to judge within several weeks whether or not there will a need for a vaccine against swine-type influenza virus of man.

The Swine Flu Affair

Richard E. Neustadt, Harvey V. Fineberg

The Swine Flu Affair.Decision-Making on a Slippery Disaese

Washington (DC): National Academies Press (US); 1978, 189 p. PMID: 25032342
https://www.ncbi.nlm.nih.gov/books/NBK219606/ // https://pubmed.ncbi.nlm.nih.gov/25032342/

Summaru and Comments

In winter 1976, it was cold on the East Coast of the United States. By mid-January, many of the recruits serving in the military at Fort Dix had "colds." The patients were offered hospitalization; one of them, David Lewis, refused hospitalization, continued training, and died suddenly.

On February 20, 1976, the New York Times published an article by scientific columnist Harold Schmeck stating that a recently discovered virus was probably the cause of the 1918-1919 epidemic.

On March 24, 1976, after discussing the events at Fort Dix, US President Gerald Ford announced a plan to vaccinate 200 million Americans against the swine flu virus. To carry out the program of total vaccination, J. Ford asked the US Congress for 135 million dollars, and later received the support of both chambers.

Vaccination began on October 1, but was suspended on December 16, 1976, due to an increasing number of various complications, including Guillain-Barré syndrome and deaths. In two and a half months, more than 40 million Americans received the vaccine.

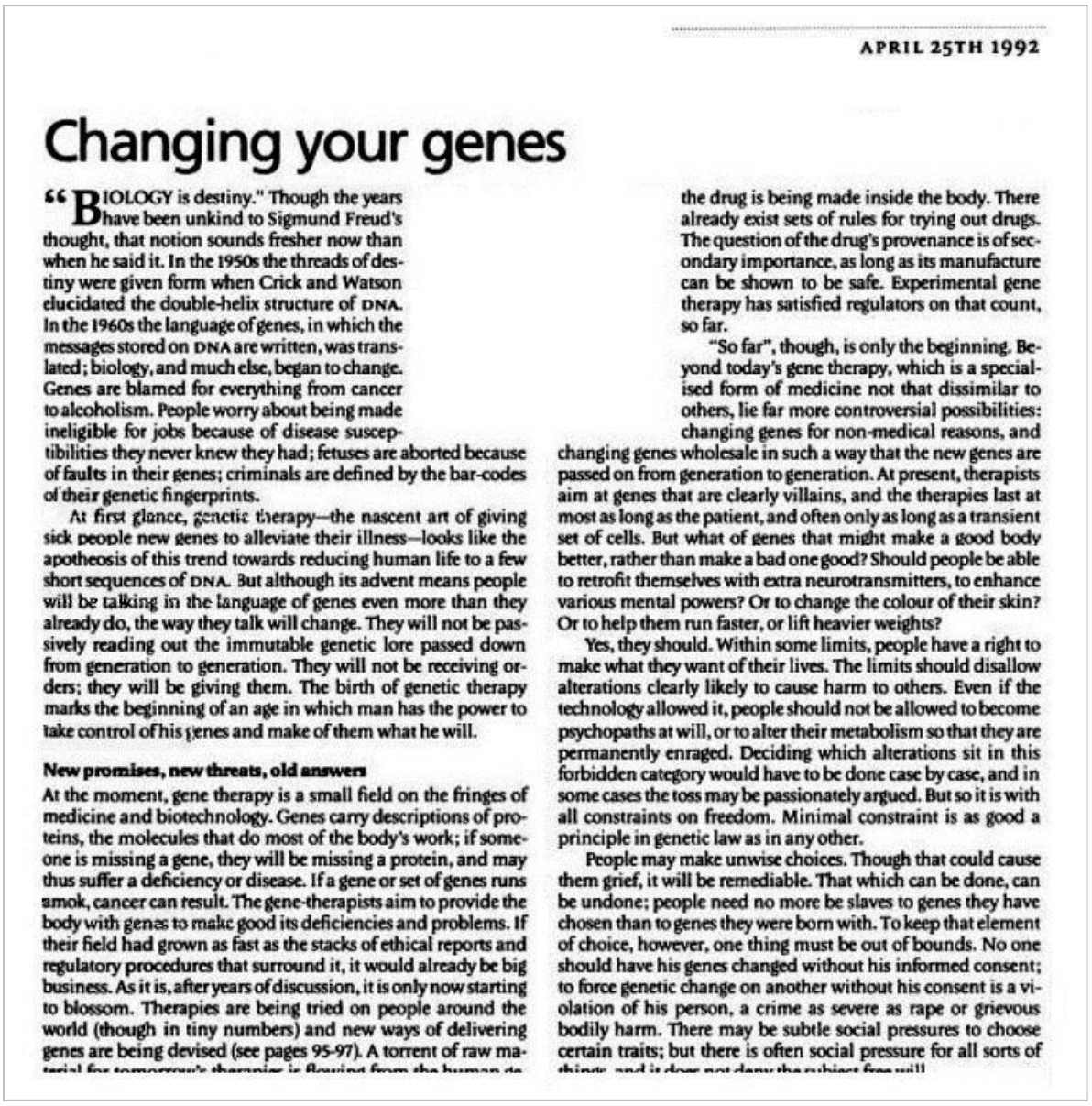
As it turned out, there was no epidemic of swine flu and there was no need for vaccination. Human lives and huge funds were wasted. It was a trial balloon for future universal vaccination projects. No one has been held accountable for this crime.

The Economist

Changing your Genes

The Economist Magazine. 25 April 1992
1992 Apr 25; 323 (7756):11-12. PMID: 16001470
https://pubmed.ncbi.nlm.nih.gov/16001470/

Biology is destiny. "Though the years have been unkind to Sigmund Freud's thought, that notion sounds fresher now than when he said it. In the 1950s the threads of destiny were given form when Francis Crick and James Watson elucidated the double-helix structure of DNA. In the 1960s the language of genes, in which the messages stored on DNA are written, was translated; biology, and much else, began to change. Genes are blamed for everything from cancer to alcoholism. People worry about being made ineligible for jobs because of disease susceptibilities they never knew they had; fetuses are aborted because of faults in their genes; criminals are defined by the bar-codes of their genetic fingerprints. ...



APRIL 25TH 1992

Changing your genes

"BIOLOGY is destiny." Though the years have been unkind to Sigmund Freud's thought, that notion sounds fresher now than when he said it. In the 1950s the threads of destiny were given form when Crick and Watson elucidated the double-helix structure of DNA. In the 1960s the language of genes, in which the messages stored on DNA are written, was translated; biology, and much else, began to change. Genes are blamed for everything from cancer to alcoholism. People worry about being made ineligible for jobs because of disease susceptibilities they never knew they had; fetuses are aborted because of faults in their genes; criminals are defined by the bar-codes of their genetic fingerprints.

At first glance, genetic therapy—the nascent art of giving sick people new genes to alleviate their illness—looks like the apotheosis of this trend towards reducing human life to a few short sequences of DNA. But although its advent means people will be talking in the language of genes even more than they already do, the way they talk will change. They will not be passively reading out the immutable genetic lore passed down from generation to generation. They will not be receiving orders; they will be giving them. The birth of genetic therapy marks the beginning of an age in which man has the power to take control of his genes and make of them what he will.

New promises, new threats, old answers

At the moment, gene therapy is a small field on the fringes of medicine and biotechnology. Genes carry descriptions of proteins, the molecules that do most of the body's work; if someone is missing a gene, they will be missing a protein, and may thus suffer a deficiency or disease. If a gene or set of genes runs amok, cancer can result. The gene-therapists aim to provide the body with genes to make good its deficiencies and problems. If their field had grown as fast as the stacks of ethical reports and regulatory procedures that surround it, it would already be big business. As it is, after years of discussion, it is only now starting to blossom. Therapies are being tried on people around the world (though in tiny numbers) and new ways of delivering genes are being devised (see pages 95-97). A torrent of raw material for tomorrow's therapies is flowing from the human de-

the drug is being made inside the body. There already exist sets of rules for trying out drugs. The question of the drug's provenance is of secondary importance, as long as its manufacture can be shown to be safe. Experimental gene therapy has satisfied regulators on that count, so far.

"So far", though, is only the beginning. Beyond today's gene therapy, which is a specialised form of medicine not that dissimilar to others, lie far more controversial possibilities: changing genes for non-medical reasons, and changing genes wholesale in such a way that the new genes are passed on from generation to generation. At present, therapists aim at genes that are clearly villains, and the therapies last at most as long as the patient, and often only as long as a transient set of cells. But what of genes that might make a good body better, rather than make a bad one good? Should people be able to retrofit themselves with extra neurotransmitters, to enhance various mental powers? Or to change the colour of their skin? Or to help them run faster, or lift heavier weights?

Yes, they should. Within some limits, people have a right to make what they want of their lives. The limits should disallow alterations clearly likely to cause harm to others. Even if the technology allowed it, people should not be allowed to become psychopaths at will, or to alter their metabolism so that they are permanently enraged. Deciding which alterations sit in this forbidden category would have to be done case by case, and in some cases the toss may be passionately argued. But so it is with all constraints on freedom. Minimal constraint is as good a principle in genetic law as in any other.

People may make unwise choices. Though that could cause them grief, it will be remediable. That which can be done, can be undone; people need no more be slaves to genes they have chosen than to genes they were born with. To keep that element of choice, however, one thing must be out of bounds. No one should have his genes changed without his informed consent; to force genetic change on another without his consent is a violation of his person, a crime as severe as rape or grievous bodily harm. There may be subtle social pressures to choose certain traits; but there is often social pressure for all sorts of things, and it does not deny the subject free will

Text in full can also be found in the article:

Genetic Engineering should be Unrestricted. – In: Biomedical ethics: opposing viewpoints. Terry O'Neill, ed. – San Diego: Greenhaven Press, 1994, p. 270-274.
https://archive.org/details/econ-genes

Therer are similar articles in The Economist:

The power of gene editing. – The Economist, 17 March 2022.
https://www.economist.com/films/2022/03/17/the-power-of-gene-editing
Science has made a new genetic revolution possible. – The Economist, 25 August 2022
https://www.economist.com/leaders/2022/08/25/science-has-made-a-new-genetic-revolution-possible
How genome editing will change humanity. – The Economist, 8 March 2023.
https://www.economist.com/human-genome-editing-pod
How the Human Genome Project revolutionised biology. – The Economist, 8 April 2023.
https://www.economist.com/science-and-technology/2023/04/08/how-the-human-genome-project-revolutionised-biology

The New York Times

Robin Marantz Henig

The Flu Pandemic

The New York Times, 29 November 1992
https://web.archive.org/web/20090504010229/http://www.nytimes.com/1992/11/29/magazine/the-flu-pandemic.html
https://web.archive.org/web/20090507040240/http://www.nytimes.com/1992/11/29/magazine/the-flu-pandemic.html?pagewanted=2
https://web.archive.org/web/20150526061307/http://www.nytimes.com/1992/11/29/magazine/the-flu-pandemic.html?pagewanted=3
https://web.archive.org/web/20150526061308/http://www.nytimes.com/1992/11/29/magazine/the-flu-pandemic.html?pagewanted=4
https://web.archive.org/web/20150526061308/http://www.nytimes.com/1992/11/29/magazine/the-flu-pandemic.html?pagewanted=5
https://web.archive.org/web/20150526061308/http://www.nytimes.com/1992/11/29/magazine/the-flu-pandemic.html?pagewanted=6

During the flu epidemic of 1918, according to medical lore, victims were struck down almost in midstride. Four women in a bridge group played cards together until 11 o'clock in the evening. By the next morning three of them were dead. One man got on a streetcar feeling well enough to go to work, rode six blocks and died. During the single month of October, influenza killed 196,000 people in this country – more than twice as many as would die of AIDS during the first 10 years of that epidemic. By the end of the winter of 1918-19, two billion people around the world had come down with influenza, and between 20 million and 40 million had died.

The flu outbreak of 1918 was "the most devastating epidemic that we have ever had in history," says John R. La Montagne, chief of infectious diseases at the National Institute of Allergy and Infectious Diseases in Bethesda, Md. "And it happened in this century. No one really knows why it occurred, but there's every expectation that if it occurred once, it can occur again." The 1918 influenza pandemic killed as many people in a single year as died in the four-year Black Death, the bubonic plague that ravaged Europe from 1347 to 1351.

We like to believe such plunder is an ancient relic; whatever was killing people so ruthlessly in 1918 must be something we can treat by now. Modern medicine has given us an influenza vaccine, an anti-influenza drug (amantadine) and plenty of antibiotics to prevent or treat secondary bacterial infections. But in the face of a virus that kills so rapidly, all the antiviral drugs in the physician's armamentarium would be impotent. If a strain similar to the 1918 variant were to emerge today – a strain that, last time around, killed literally overnight – some experts believe that even modern medicine would be helpless to prevent many related deaths.

...

Because mutation is such a crucial factor in the virus's reproductive strategy, any discussion of influenza must include a discussion of how the virus itself changes from one strain to the next. The mutations that lead to major changes in viral surface antigens – changes that create the pandemic strains of influenza – are quite rare. Pandemic strains have occurred just three times in this century: in 1918, the year of the so-called Spanish flu; in 1957, when a new strain called the Asian flu emerged, and in 1968, when a third strain was introduced, known as the Hong Kong flu.

...

For a short while, influenza researchers believed that pandemics occurred every 11 years. This theory – developed in the late 1970's when it looked as though the next pandemic, in the form of swine flu, was on its way – was based on a cycle of three large-scale outbreaks: 1946, 1957 and 1968. Only now do we realize, in retrospect, that the 1946 outbreak represented not a totally new antigenic shift, but a higher-than-expected incidence of an old influenza.

...

Only three hemagglutinin types and three neuraminidase types seem to be capable of infecting human beings. (These are hemagglutinin types H1, H2 and H3, and neuraminidase types N1, N2

and N8.) But there are many other antigen types circulating, a total of 14 H types and nine N types; most of them are limited to avian or swine influenza. Recent research has indicated, though, that at least one antigen previously thought unable to infect humans – hemagglutinin type 7 – can infect monkey cells in the laboratory. This raises the possibility that more antigens than we realize may be capable of causing pandemic influenza. The only reason we have not seen it happen is that the right reassortant has not yet emerged.

While the 11-year cycle may be a myth, there are good grounds for suspecting that influenza does emerge in a cycle of some kind – one that suggests that the next pandemic may be caused by an H1 surface antigen. The three H types that infect human beings seem to take turns, in order, as the pandemic strains change. H1 seems always to beget H2, H2 to beget H3, H3 to beget H1 again. It seems to work this way even retrospectively, when scientists try to extrapolate, from the blood of older individuals, what type of antigens were responsible for pre-1918 pandemics. In the mid-1970's, researchers analyzed the antibodies still circulating in the bloodstreams of very old people who had been exposed to influenza pandemics in the late 19th century. They found that people in their 90's still had antibodies to H2N2 – the probable cause of a pandemic from the mid-1800's – and those in their 70's and 80's had antibodies to a different variety – H3N2, the probable cause of the pandemic of 1890. (Another clue about the strain responsible for earlier epidemics was the fact that in 1968, when the H3N2 Hong Kong flu emerged, people over age 78 – who had been children during the 1890 pandemic – had lower mortality and morbidity rates than people who were 10 or 15 years younger.) If the H types really do cycle in this way, the next one in line to emerge is type H1.

...

Influenza experts thought they saw big-league trouble coming in February 1976, when a few cases of severe swine flu broke out among young military recruits in Fort Dix, N.J. One of them, Pvt. David Lewis, 19, died. Of 19 patients whose specimens were sent to the Centers for Disease Control for virus typing, Lewis and four others were shown to be infected with the same H1N1 influenza virus as was responsible for the 1918 pandemic. This got many public-health officials into gear, hoping to use modern technology, namely vaccination, to head off a disaster of the magnitude of 1918.

The large-scale effort to manufacture and distribute enough vaccine for everyone in the country showed that millions of doses of high-quality vaccine could be made in a matter of three or four months. But the swine-flu pandemic never materialized. In retrospect, some critics now say 40 million Americans were vaccinated for nothing. In fact, the only real illness to result from the swine flu adventure was caused by the vaccine: about one thousand people developed Guillain-Barre syndrome, a serious paralytic disease that could be traced directly to an immunological response to the inoculation. Still, Edwin Kilbourne – an early and consistent advocate of mass immunization – says that, based on what was known at the time, the Government acted rationally and prudently. Scientists thought they had encountered the same influenza strain that caused the devastation of 1918, and they thought they had a tool available to help avert hundreds of thousands of deaths. "Better a vaccine without an epidemic," Kilbourne says today, "than an epidemic without a vaccine."

In hindsight, those involved in the decision-making realize that major variants of influenza virus in a few individuals do not necessarily signal the start of a new pandemic. Some variants prove easily transmitted; most, like the Fort Dix strain, will die out after a few passages through human hosts. "Early detection of a new virus therefore may not be adequate evidence on which to undertake mass immunization," Kilbourne wrote in a 1979 article called "Swine Flu: The Virus That Vanished." "But it is, I believe, a signal at least to produce vaccine to hold in readiness."

...

This is not simply a dress rehearsal for some bigger, more important disease; pandemic influenza will be, almost without a doubt, a major plague when it emerges, probably in the next several years.

...

Viral emergence was until recently thought to be a rare event and one that could be accounted for by mutations – bizarre, totally unpredictable changes in a virus's genetic arrangement. But as scientists began to look systematically at how and why viruses emerge, they were surprised to find how rare it was that mutations were responsible. Much more important in terms of the emergence of new viruses was human behavior.

World Health Organization

Infectious diseases kill over 17 million people a year: WHO warns of global crisis. News release

Geneva, WHO, 1 January 1996

https://www.who.int/news/item/01-01-1996-infectious-diseases-kill-over-17-million-people-a-year-who-warns-of-global-crisis

Nearly 50,000 men, women and children are dying every day from infectious diseases; many of these diseases could be prevented or cured for as little as a single dollar per head, the World Health Organization says in The World Health Report 1996, published today.

At least 30 new diseases have emerged in the last 20 years and now together threaten the health of hundreds of millions of people. For many of these diseases, there is no treatment, cure or vaccine.

"We are standing on the brink of a global crisis in infectious diseases. No country is safe from them. No country can any longer afford to ignore their threat," the Director-General of WHO, Dr Hiroshi Nakajima, says in the report.

The report warns that some major diseases, such as cholera, malaria and tuberculosis are making a deadly comeback in many parts of the world, despite being preventable or treatable. At the same time, many new and highly infectious diseases such as HIV/AIDS and the notorious Ebola haemorrhagic fever - both of which are incurable - are emerging to pose additional threats. Fears are growing over a possible food-chain link between bovine spongiform encephalopathy ("mad cow disease") and a variant of the incurable Creutzfeldt-Jakob disease, due to an infectious agent that attacks the human brain.

Meanwhile, antibiotics and other life-saving drugs used against many diseases are rapidly losing their effectiveness as bacteria and other microbes develop resistance to them. For example, doctors worldwide are losing some of the most useful and affordable antibiotics against the two principal bacteria which cause pneumonia, the major cause of death in children.

The World Health Report 1996 - Fighting disease, fostering development, published by WHO, states that ***infectious diseases are the world's leading cause of premature death***. Of about 52 million deaths from all causes in 1995, more than 17 million were due to infectious diseases, including about 9 million deaths in young children. Up to half the world's population of 5.72 billion are at risk of many endemic diseases. In addition, millions of people are developing cancers as a direct result of preventable infections by bacteria and viruses, the report says.

"The optimism of a relatively few years ago that many of these diseases could easily be brought under control has led to a fatal complacency among the international community. This complacency is now costing millions of lives - lives that we have the knowledge and means to save, yet that we are allowing to trickle through our fingers" Dr Nakajima says.

"The socioeconomic development of many nations - their prospect of a better future - is being crippled by the burden of these diseases. Other countries are paying a huge price in lost foreign currency income from food trade and tourism as a result of epidemics of cholera, plague and other diseases."

"The world has lost sight of its priority to reduce poverty through better health and foster development by fighting disease. Today, infectious diseases are not only a health issue; they have become a social problem with tremendous consequences for the well-being of the individual and the world we live in. We need to recognize them as a common threat that has been ignored, at great cost, for too long, and to build global solidarity to confront them."

"What is required is the commitment of the international community to help countries most at risk to help themselves. By helping each other, nations protect the world and protect themselves."

According to the report, many countries have failed to invest adequately in the control of common infectious diseases. Less prevention is now resulting in rising treatment costs.

DEFENSE TECHNICAL INFORMATION CENTER
PRESERVING KNOWLEDGE • CONNECTING PEOPLE • INSPIRING INNOVATION

Joseph A. Engelbrecht, Jr., Robert L. Bivins, Patrick M. Condray,
Merrily D. Fecteau, John P. Geis II, Kevin C. Smith

Alternate Futures for 2025: Security Planning to Avoid Surprise

Washington, DC Department of the Air Force, 17 June (1 April) 1996
ADA319867; https://apps.dtic.mil/sti/citations/ADA319867

Abstract:

The importance of long-range planning has never been greater due to the dwindling resources dedicated to defense, debates over roles and missions, and the changing security environment. In response to this need, the Air Force embarked on a wide-ranging effort to improve long-range planning.

The Air University-hosted project 2025 looks 30 years into the future and identifies the systems, concepts of operation, and technologies required to ensure the US possesses the dominant air and space forces in the future.

In order to envision the world of 2025, the study had to make predictions. Futurists use several methods to forecast the future. The approach used for the 2025 study creates alternate futures by examining trends, studying the work of respected futurists, considering surprises and wild cards, and conducting analyses to identify the factors, or drivers, that will be major contributors to change.

To be effective for planning, these drivers must encapsulate the major forces likely to shape the world of 2025 and be relevant to the organization.

After extensive analysis, the Alternate Futures team identified American Woridview, A TeK, and World Power Grid as the most important drivers affecting the future and relevant to air and space power.

American Worldview is the US perspective of the world and describes American willingness and capability to interact with the rest of the world. A TeK is the differential in the rate of growth and proliferation of technology. World Power Grid describes the generation, transmission, distribution, and control of economic, political, and military power throughout the world.

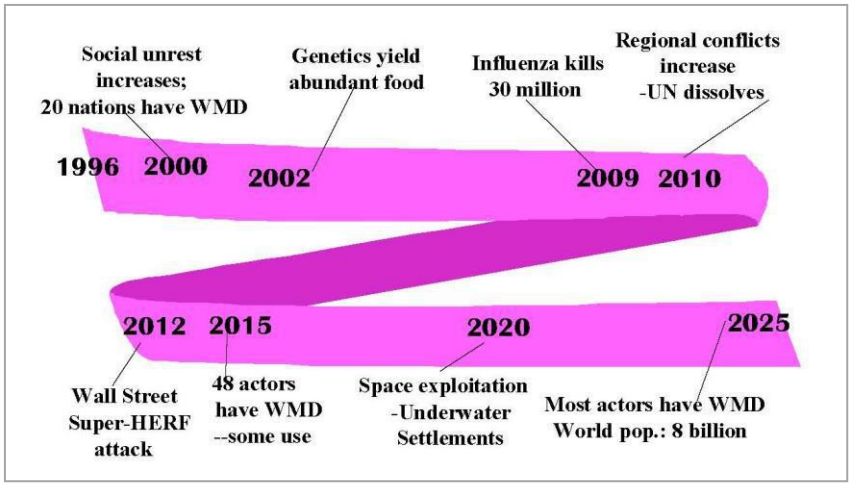


Figure 5-2. Plausible History, p. 55.
(WMD means - weapons of mass destruction).

Plausible History

... Technology could not solve some old problems, as in 2009, when an influenza pandemic struck in southern China, then rapidly spread worldwide.[17] Three hundred-thirty million people were affected and over thirty million died.[18] No one ever determined if the virus was a natural mutation or bioengineered.[19] Many feared the latter." [p. 54].

Notes.

17. "The influenza virus is unique among viruses in being able to undergo so much antigenic change that an antigenically novel virus can sweep around the world in a year or two, giving rise to significant morbidity and mortality…. Recent and historical information suggest China, especially southern China, as a hypothetical influenza epicenter." Kennedy F. Shortridge, "*The Next Pandemic Influenza Virus*?" – The Lancet 346, no. 8984 (4 November 1995): 1210-1212.
In addition, a very realistic plague situation is played out in "*Savior of the Plague Years*," Wired Scenarios, Special Edition, 1.01 (1995): 84.

18. A similar influenza pandemic occurred in the past. "It was a secondary bacterial infection that accounted for the high mortality in the influenza epidemic of 1918 and 1919, one of the worst human catastrophes on record. It has been estimated that more than 20 million people around the world died during the epidemic, and of the 20 million people who suffered from the illness in the United States, approximately 850,000 died." *The New Encyclopedia Britannica*, 15th ed., 1991, vol. 26, Macropeadia, 748 (2)a.

19. In 1995, "ninety-five percent of the wild rabbits in South Australia were killed by the accidental release of the deadly calcivirus" in less than three months. Such accidents cause great fear in Digital Cacophony, a world where information is available at the lowest level, without the infrastructure to institute rigorous safeguards. Steve Newman, "Rabbit Viruses," The Atlanta Journal-Constitution, 3 February 1996.

HOUSE OF COMMONS
CHAMBRE DES COMMUNES
CANADA

Forced Vaccinations coming to Canada: MP Speaks out Against Bill C-42

A rare breed: Bloc Quebecois MP Mario Laframboise in the House of Commons December 3, 2001 speaks out against the Orwellian powers of forced vaccination coming to Canada via Bill 42.

House of Commons, Canada, 3 December 2001

https://web.archive.org/web/20090917004221/http://www.natural-person.ca/pdf/Forced_Vaccinations_coming_to_Canada.PDF

Global Justice Network, Vancouver, BC:

Bill C-42(R), called the Public Safety Act (or by others the New and Improved War Measures Act), amends numerous other Acts of Canada including The Department of Health Act, the Quarantine Act, the Food and Drug Act, and the Hazardous Products Act among others. The Bill has been tabled as part of new anti-terrorism legislation, along with Bill C-35, C-36 (Note: To give new interim powers to the various Ministers in charge of the various Acts; powers that have previously been in the hands of the courts, who have an obligation to respect the rule of law and consider impartially the rights of Canadians under the Charter of Rights and Freedoms).

The potential effect of such interim powers were brought up by Bloc Quebecois **MP Mario Laframboise** in the House of Commons December 3, 2001:

"I can perhaps try to explain, to help Quebecers listening to us to better understand the new powers that would be given to the Health Minister. It is quite simple:

11.1 (1) The Minister may make an interim order that contains any provision that may be contained in a regulation made under section 11 if the Minister believes that immediate action is required to deal with a significant risk, direct or indirect, to health or safety. Hence, by way of an interim order, a new power has been given to the Health Minister. In the case of the anthrax vaccine or the protective inoculation, this power would have entailed the Minister to give his officials the power to buy the necessary vaccine and to compel every Canadian to receive it. These new dispositions all give more powers and this is what makes it so serious. It is not done simply by giving the minister more powers, because we do not simply give him more powers, we tell him that now An interim order is exempt from the application of sections 3, 5 and 11 of the Statutory Instruments Act.

This means that the minister could adopt interim orders for all sorts of emergency purposes and be exempt from the application of sections of the Statutory Instruments Act. And I am not talking about any old section, either. I will read a part of section 3, which would no longer apply to the Minister of Health in the case of interim orders. This section states:

3. (1) Subject to any regulations made pursuant to paragraph 20(a), where a regulation-making authority proposes to make a regulation, it shall cause to be forwarded to the Clerk of the Privy Council three copies of the proposed regulation in both official languages.

Now, it would no longer be necessary to send them in both official languages. I read on:

(2) On receipt by the Clerk of the Privy Council of copies of a proposed regulation pursuant to subsection (1), the Clerk of the Privy Council, in consultation with the Deputy Minister of Justice, shall examine the proposed regulation to ensure that

(a) it is authorized by the statute pursuant to which it is to be made;

(b) it does not constitute an unusual or unexpected use of the authority pursuant to which it is to be made;

(c) it does not trespass unduly on existing rights and freedoms and is not, in any case, inconsistent with the purposes and provisions of the Canadian Charter of Rights and Freedoms If the Minister of Health is empowered to make interim orders, to purchase vaccines, of whatever kind, exempt from the application of the provisions of enabling legislation, he could very well acquire unacceptable vaccines, vaccines whose patents are held elsewhere. This is no problem. He could then require a group to be vaccinated without complying with the charter of rights and freedoms. All this is effective for 23 days. After 23 days, the regulation must be published.

If this does not infringe individual rights and freedoms, I do not know what they can be thinking. If the minister had all these powers, why write in black and white in a bill that, now, he will be able to make interim orders without the House or the usual regulatory procedure requiring him to meet the test of the Charter of Rights and Freedoms." [end of quote]

The entire text of this speech in the House of Commons can be obtained at:
https://web.archive.org/web/20011224164309/http://www.parl.gc.ca/37/1/parlbus/chambus/house/debates/123_2001-12-03/HAN123-E.htm#Int-02138

This legislation is similar to the US Model State Emergency Health Powers Act. Health Scientist and Government Cover-up Investigator Dr. Len Horowitz claims in his article:
https://web.archive.org/web/20040401161443/http://www.prophecyandpreparedness.com/Articles.htm

Advances Totalitarian Legislation under Guise of Public Health:
Forced Drugging and Injections Are On The Horizon that forced vaccinations will soon be authorized in the United States under this proposed Act, a copy of which can be found at:
http://www.publichealthlaw.net/cgi-bin/dl_specs.cgi

One such amendment allows the Minister of Transport to declare temporary military zones for up to one year, without adherence to the Charter of Rights and Freedoms.

Section 260.1 (1) of this Bill reads:
"If it is necessary, in the opinion of the Minister, for the protection of international relations or national defence or security, the Minister, on the recommendation of the Chief of the Defence Staff, may, for the purpose of ensuring the safety or security of any person or thing, designate as a military security zone an area of land or water, a portion of airspace, or a structure or part of one, surrounding a thing referred to in subsection (2) or including it, whether the zone designated is fixed or moves with that thing. The zone automatically includes all corresponding water and land below the earth's surface."

This military zone may be designated to protect, includes property, a place or thing that the Canadian Forces have been directed to protect in order to fulfil a duty required by law. This could apply to the Kananaskis location of the upcoming G8 meeting, or any other area where the government wished to restrict legitimate protest and dissent. Under (4) The Canadian Forces may prohibit, restrict or control access to a military security zone; and under (5) A person found in a military security zone without authorization, and any animal, vehicle, vessel, aircraft or other thing under the person's control, may be forcibly removed by any authorized person, officer or non-commissioned member.

Furthermore, with the recent passage of Bill C-24 (otherwise known as the Police Brutality Act):
http://www.parl.gc.ca/common/bills_individual.asp?Language=E&Parl=37&Ses=1&Bill=C-24&BillType=government
which is an Act to amend the Criminal Code, public officers and their agents are now exempt from criminal charges under certain and very broad conditions. This Bill was passed by the Senate on December 6, 2001, despite a plethora of credible witnesses' testimony of the dangers of this Bill.

The Canadian Bar Association's (CBA) National Criminal Justice Section says sweeping changes in Bill C-24, will place law enforcement personnel and their agents above the law. "We are opposed to this profound change to the law out of respect for Canadian constitutional guarantees and the rule of law," says Heather Perkins-McVey, of Ottawa, National Criminal Justice Section Chair. The

legislation would allow police and even agents of the police to commit serious criminal acts without appropriate accountability, a move the CBA vigorously opposes. "Certainly, police must have the tools they need to do their job. However, creating a criminal exemption for police and their agents will create the possibility of a justice system prone to abuse and misuse of power," says Ms. Perkins-McVey. (See CBA Opposes Putting Police above the Law):
http://www.cba.org/news/releases/2001%5Freleases/2001%2D11%2D22%5Fpolice.asp

For instance, public officers who engage in or direct acts that would otherwise constitute an offense under the Criminal Code can now claim immunity under Section 25.1 if they were: engaged in the investigation of an offence under, or the enforcement of, an Act of Parliament & (i.e. Protection of foreign delegates under C-35 at an international G8 conference or acting under the interim orders of a Minister under C-42) and they believe on reasonable grounds that the commission of the act or omission & is reasonable and proportional in the circumstance. (This is left to the officer's discretion).

Although the public officer is normally required to obtain written authorization from a senior official, provision is made for the officer to undertake virtually any criminal offense on reasonable grounds that they could get such authorization. The evidence is mounting that democracy is now a farce in Canada, as it is in the United States, and that dictatorial power now resides in the Prime Minister and his select group of Ministers. Please take the time to write Senators and Members of Parliament.

One World, One Health:
Building Interdisciplinary Bridges to Health in a Globalized World

New York, The Rockefeller University, 29 September 2004
http://www.oneworldonehealth.org/sept2004/owoh_sept04.html

Conference Summary

Health experts from around the world met on September 29, 2004 for a symposium focused on the current and potential movements of diseases among human, domestic animal, and wildlife populations organized by the Wildlife Conservation Society and hosted by The Rockefeller University. Using case studies on Ebola, Avian Influenza, and Chronic Wasting Disease as examples, the assembled expert panelists delineated priorities for an international, interdisciplinary approach for combating threats to the health of life on Earth. The product—called the "Manhattan Principles" by the organizers of the "One World, One Health" event, lists 12 recommendations (see below) for establishing a more holistic approach to preventing epidemic / epizootic disease and for maintaining ecosystem integrity for the benefit of humans, their domesticated animals, and the foundational biodiversity that supports us all.

Representatives from the World Health Organization; the UN Food and Agriculture Organization; the Centers for Disease Control and Prevention; the United States Geological Survey National Wildlife Health Center; the United States Department of Agriculture; the Canadian Cooperative Wildlife Health Centre; the Laboratoire Nationale de Sante Publique of Brazzaville, Republic of Congo; the IUCN Commission on Environmental Law; and the Wildlife Conservation Society were among the many participants.

The Manhattan Principles on "One World, One Health"

Recent outbreaks of West Nile Virus, Ebola Hemorrhagic Fever, SARS, Monkeypox, Mad Cow Disease and Avian Influenza remind us that human and animal health are intimately connected. A broader understanding of health and disease demands a unity of approach achievable only through a consilience of human, domestic animal and wildlife health - One Health. Phenomena such as species loss, habitat degradation, pollution, invasive alien species, and global climate change are fundamentally altering life on our planet from terrestrial wilderness and ocean depths to the most densely populated cities. The rise of emerging and resurging infectious diseases threatens not only humans (and their food supplies and economies), but also the fauna and flora comprising the critically needed biodiversity that supports the living infrastructure of our world. The earnestness and effectiveness of humankind's environmental stewardship and our future health have never been more clearly linked. To win the disease battles of the 21st Century while ensuring the biological integrity of the Earth for future generations requires interdisciplinary and cross-sectoral approaches to disease prevention, surveillance, monitoring, control and mitigation as well as to environmental conservation more broadly.

We urge the world's leaders, civil society, the global health community and institutions of science to:

1. Recognize the essential link between human, domestic animal and wildlife health and the threat disease poses to people, their food supplies and economies, and the biodiversity essential to maintaining the healthy environments and functioning ecosystems we all require.

2. Recognize that decisions regarding land and water use have real implications for health. Alterations in the resilience of ecosystems and shifts in patterns of disease emergence and spread manifest themselves when we fail to recognize this relationship.

3. Include wildlife health science as an essential component of global disease prevention, surveillance, monitoring, control and mitigation.

4. Recognize that human health programs can greatly contribute to conservation efforts.

5. Devise adaptive, holistic and forward-looking approaches to the prevention, surveillance, monitoring, control and mitigation of emerging and resurging diseases that take the complex interconnections among species into full account.

6. Seek opportunities to fully integrate biodiversity conservation perspectives and human needs (including those related to domestic animal health) when developing solutions to infectious disease threats.

7. Reduce the demand for and better regulate the international live wildlife and bushmeat trade not only to protect wildlife populations but to lessen the risks of disease movement, cross-species transmission, and the development of novel pathogen-host relationships. The costs of this worldwide trade in terms of impacts on public health, agriculture and conservation are enormous, and the global community must address this trade as the real threat it is to global socioeconomic security.

8. Restrict the mass culling of free-ranging wildlife species for disease control to situations where there is a multidisciplinary, international scientific consensus that a wildlife population poses an urgent, significant threat to human health, food security, or wildlife health more broadly.

9. Increase investment in the global human and animal health infrastructure commensurate with the serious nature of emerging and resurging disease threats to people, domestic animals and wildlife. Enhanced capacity for global human and animal health surveillance and for clear, timely information-sharing (that takes language barriers into account) can only help improve coordination of responses among governmental and non-governmental agencies, public and animal health institutions, vaccine / pharmaceutical manufacturers, and other stakeholders.

10. Form collaborative relationships among governments, local people, and the private and public (i.e.-non-profit) sectors to meet the challenges of global health and biodiversity conservation.

11. Provide adequate resources and support for global wildlife health surveillance networks that exchange disease information with the public health and agricultural animal health communities as part of early warning systems for the emergence and resurgence of disease threats.

12. Invest in educating and raising awareness among the world's people and in influencing the policy process to increase recognition that we must better understand the relationships between health and ecosystem integrity to succeed in improving prospects for a healthier planet.

It is clear that no one discipline or sector of society has enough knowledge and resources to prevent the emergence or resurgence of diseases in today's globalized world. No one nation can reverse the patterns of habitat loss and extinction that can and do undermine the health of people and animals. Only by breaking down the barriers among agencies, individuals, specialties and sectors can we unleash the innovation and expertise needed to meet the many serious challenges to the health of people, domestic animals, and wildlife and to the integrity of ecosystems. Solving today's threats and tomorrow's problems cannot be accomplished with yesterday's approaches. We are in an era of "One World, One Health" and we must devise adaptive, forward-looking and multidisciplinary solutions to the challenges that undoubtedly lie ahead.

Robert A. Cook, William B. Karesh, and Steven A. Osofsky
Wildlife Conservation Society, Bronx, New York, USA

BBC NEWS

Killer flu recreated in the lab:
Scientists have shown that tiny changes to modern flu viruses
could render them as deadly as the 1918 strain which killed millions

BBC News, 7 October 2004, 05:02 GMT 06:02 UK
http://news.bbc.co.uk/2/hi/health/3719990.stm

A US team added two genes from a sample of the 1918 virus to a modern strain known to have no effect on mice. Animals exposed to this composite were dying within days of symptoms similar to those found in human victims of the 1918 pandemic. The research is published in the journal Nature.

The work of the US team, lead by Dr Yoshihiro Kawaoka of the University of Wisconsin, was carried out under the tightest security. Experts focused on two genes thought to play a key role in the infection process. One controls production of a spike-like molecule called haemagglutinin (HA), believed to be used by the flu virus to attach itself to the cells it is about to infect.

Previous research published earlier this year in the journal Science identified the HA gene as being the crucial element which made the 1918 virus so deadly - and the latest work appears to confirm this. Post mortems on mice injected in the nose with the composite virus showed that it had rampaged through their lungs, producing inflammation and haemorrhaging. The researchers stress the experiment is conclusive for lab mice, and not humans.

Better monitoring

But they say that their work may lead to better ways to assess the potential danger of emerging flu viruses. Writing in Nature, the researchers say: "Once the properties of the (1918) HA gene that gave rise to its lethal infectivity are better understood, it should be possible to devise effective control measures and to improve global surveillance networks for influenza viruses that pose the greatest threat to humans as well as other animal species."

Scientists believe the 1918 virus leapt to humans by mutating from bird flu, possibly after passing through pigs, which are able to harbour both human and avian viruses and thus allow them to swap genes as the viruses reproduce. For that reason, experts are deeply concerned that the avian flu that has broken out in poultry flocks in parts of south-east Asia may acquire genes that will make it highly infectious as well as lethal for humans.

Professor John Oxford, an expert in virology at Queen Mary College London, told BBC News Online the latest research underlined just what a threat all flu viruses potentially posed. He said: "It is not a big difference at all between a virus that kills 15m people and one that does not kill anyone at all. "The lesson is not to be complacent about anything to do with flu. Every flu virus must be carrying baggage that could potentially harm us, and we would be well advised not to ignore them."

Many deaths

The 1918 "Spanish" flu pandemic is estimated to have infected up to one billion people - half the world's population at the time. The virus killed more people than any other single outbreak of disease, surpassing even the Black Death of the Middle Ages.

Although it probably originated in the Far East, it was dubbed "Spanish" flu because the press in Spain - not being involved in World War I - were the first to report extensively on its impact. The virus caused three waves of disease. The second of these, between September and December 1918, resulting in the heaviest loss of life.

It is thought that the virus may have played a role in ending World War I as soldiers were too sick to fight, and by that stage more men on both sides died of flu than were killed by weapons. Although most people who were infected with the virus recovered within a week following bed rest, some died within 24 hours of infection.

American Medical Association

Physicians dedicated to the health of America

Glen Nowak, Ph.D.
Associate Director for Communications National Immunization Program

Planning for the 2004-05 Influenza Vaccination Season: A Communication Situation Analysis

National Influenza Vaccine Summit, November 2004

https://web.archive.org/web/20040604044338/https://www.ama-assn.org/ama/pub/article/1826-8377.html
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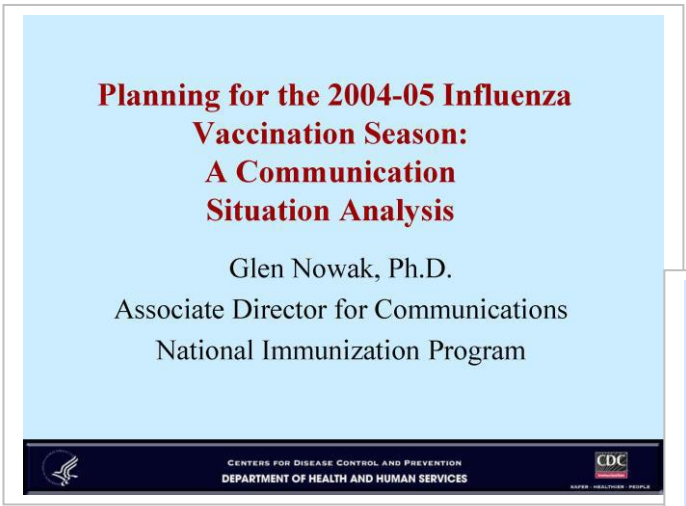
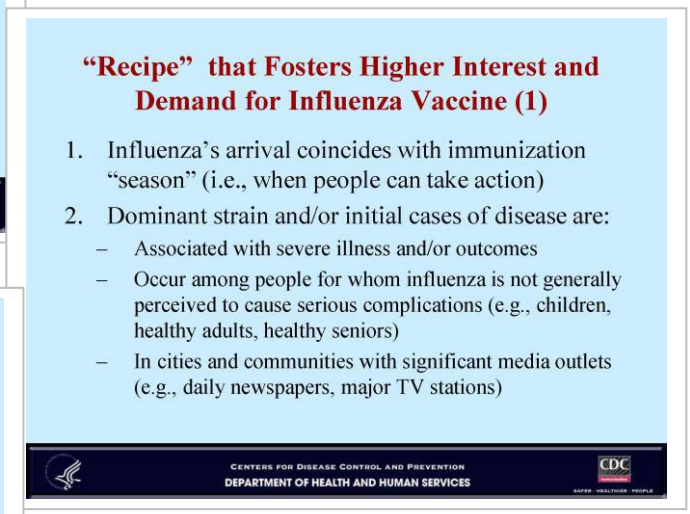
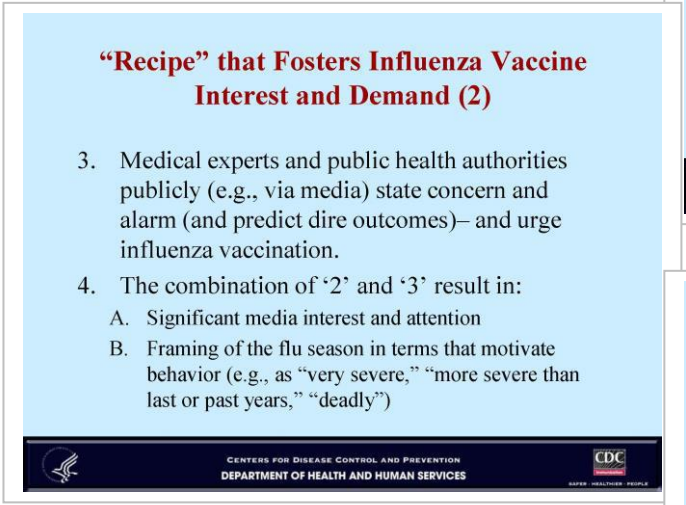
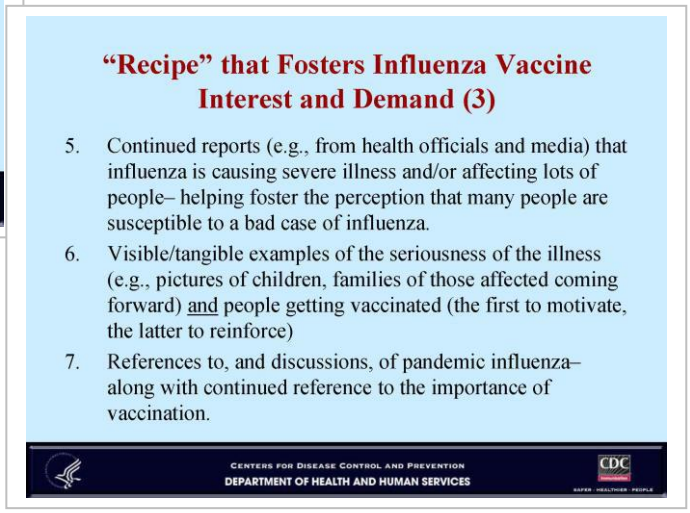

Planning for the 2004-05 Influenza Vaccination Season: A Communication Situation Analysis
Glen Nowak, Ph.D.
Associate Director for Communications
National Immunization Program
Centers for Disease Control and Prevention
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CDC


"Recipe" that Fosters Higher Interest and Demand for Influenza Vaccine (1)
1. Influenza's arrival coincides with immunization "season" (i.e., when people can take action)
2. Dominant strain and/or initial cases of disease are:
– Associated with severe illness and/or outcomes
– Occur among people for whom influenza is not generally perceived to cause serious complications (e.g., children, healthy adults, healthy seniors)
– In cities and communities with significant media outlets (e.g., daily newspapers, major TV stations)
Centers for Disease Control and Prevention
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CDC


"Recipe" that Fosters Influenza Vaccine Interest and Demand (2)
3. Medical experts and public health authorities publicly (e.g., via media) state concern and alarm (and predict dire outcomes)– and urge influenza vaccination.
4. The combination of '2' and '3' result in:
A. Significant media interest and attention
B. Framing of the flu season in terms that motivate behavior (e.g., as "very severe," "more severe than last or past years," "deadly")
Centers for Disease Control and Prevention
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CDC


"Recipe" that Fosters Influenza Vaccine Interest and Demand (3)
5. Continued reports (e.g., from health officials and media) that influenza is causing severe illness and/or affecting lots of people– helping foster the perception that many people are susceptible to a bad case of influenza.
6. Visible/tangible examples of the seriousness of the illness (e.g., pictures of children, families of those affected coming forward) and people getting vaccinated (the first to motivate, the latter to reinforce)
7. References to, and discussions, of pandemic influenza– along with continued reference to the importance of vaccination.
Centers for Disease Control and Prevention
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CDC

President Outlines Pandemic Influenza Preparations and Response

William Natcher Center, NIH, Bethesda, Maryland, 1 November 2005, 10:30 AM
https://georgewbush-whitehouse.archives.gov/news/releases/2005/11/20051101-1.html

For more than a century, the NIH has been at the forefront of this country's efforts to prevent, detect and treat disease, and I appreciate the good work you're doing here. This is an important facility, an important complex, and the people who work here are really important to the security of this nation. The scientists who have been supported by the folks who work here have developed and improved vaccines for meningitis and whooping cough and measles and mumps and rubella and chickenpox, and other infectious diseases. Because of the revolutionary advances in medicine pioneered with the help of the NIH, Americans no longer fear these dreaded diseases – many lives have been saved.

I appreciate members of my Cabinet who are here. More importantly, I appreciate the hard work you've done on this issue. Secretary Rice, Secretary Johanns, Secretary Mineta, Secretary Nicholson, Secretary Chertoff. I appreciate the fact that Dr. J.W. Lee, Director-General of the World Health Organization has joined us. Dr. Lee, thank you for being here.

I want to recognize Dr. David Nabarro, the Senior United Nations System Coordinator for Avian and Human Influenza. Thanks for being here. This is -- you're about to hear me talk about an international scope of response and detection necessary to protect not only our own people, but people around the world. And the fact that these two gentlemen are here is an important signal.

I want to thank Dr. Elias Zerhouni, he's the Director of the NIH; doing a fine job. I want to thank Julie Gerberding, who's the Director of the Centers for Disease Control and Prevention. I appreciate Dr. Rich Carmona, U.S. Surgeon General. Dr. Tony Fauci, Director of the National Institute of Allergy and Infectious Diseases. I want to thank Dr. Bruce Gellin, Director of the National Vaccine Program Office. I want to thank Dr. Andy von Eschenbach, who is the Acting Director of the FDA and the Director of the National Cancer Institute.

I appreciate all the members of the health care community who have joined us today. I want to thank state and local officials who are here. I particularly want to thank Senators Specter and Kennedy for coming, as well as Congressmen Linder, Burgess and Price. I appreciate you all taking time to be here.

Most Americans are familiar with the influenza or the "flu" as a respiratory illness that makes hundreds of thousands of people sick every year. This fall as the flu season approaches, millions of our fellow citizens are once again visiting their doctors for their annual flu shot. I had mine. For most, it's just simply a precautionary measure to avoid the fever or a sore throat or muscle aches that come with the flu. Seasonal flu is extremely dangerous for some – people whose immune systems have been weakened by age or illness. But it is not usually life-threatening for most healthy people.

Pandemic flu is another matter. Pandemic flu occurs when a new strain of influenza emerges that can be transmitted easily from person to person – and for which there is little or no natural immunity. Unlike seasonal flu, most people have not built up resistance to it. And unlike seasonal flu, it can kill those who are young and the healthy as well as those who are frail and sick.

At this moment, there is no pandemic influenza in the United States or the world. But if history is our guide, there is reason to be concerned. In the last century, our country and the world have been hit by three influenza pandemics – and viruses from birds contributed to all of them. The first, which struck in 1918, killed over half-a-million Americans and more than 20 million people across the globe. One-third of the U.S. population was infected, and life expectancy in our country was reduced by 13 years. The 1918 pandemic was followed by pandemics in 1957 and 1968 which killed tens of thousands of Americans, and millions across the world.

Three years ago, the world had a preview of the disruption an influenza pandemic can cause, when a previously unknown virus called SARS appeared in rural China. When an infected doctor carried the virus out of China, it spread to Vietnam and Singapore and Canada within a month. Before long, the SARS virus had spread to nearly 30 countries on six continents. It infected more than 8,000 people and killed nearly 800. One elderly woman brought the virus from Hong Kong to Toronto, where it quickly spread to her son and then to others. Eventually, four others arrived with the virus and hundreds of Canadians fell ill with SARS, and dozens died.

By one estimate, the SARS outbreak cost the Asian-Pacific region about $40 billion. The airline industry was hit particularly hard, with air travel to Asia dropping 45 percent in the year after the outbreak. All this was caused by a limited outbreak of a virus that infected thousands and lasted about six months. A global influenza pandemic that infects millions and lasts from one to three years could be far worse.

Scientists and doctors cannot tell us where or when the next pandemic will strike, or how severe it will be, but most agree: at some point, we are likely to face another pandemic. And the scientific community is increasingly concerned by a new influenza virus known as H5N1 – or avian flu - that is now spreading through bird populations across Asia, and has recently reached Europe.

This new strain of influenza has infected domesticated birds like ducks and chickens, as well as long-range migratory birds. In 1997, the first recorded outbreak among people took place in Hong Kong, when 18 people became infected and six died from the disease. Public health officials in the region took aggressive action and successfully contained the spread of the virus. Avian flu struck again in late 2003, and has infected over 120 people in Thailand, Cambodia, Vietnam and Indonesia, and killed more than 60 – that's a fatality rate of about 50 percent.

At this point, we do not have evidence that a pandemic is imminent. Most of the people in Southeast Asia who got sick were handling infected birds. And while the avian flu virus has spread from Asia to Europe, there are no reports of infected birds, animals, or people in the United States. Even if the virus does eventually appear on our shores in birds, that does not mean people in our country will be infected. Avian flu is still primarily an animal disease. And as of now, unless people come into direct, sustained contact with infected birds, it is unlikely they will come down with avian flu.

While avian flu has not yet acquired the ability to spread easily from human to human, there is still cause for vigilance. The virus has developed some characteristics needed to cause a pandemic: It has demonstrated the ability to infect human beings, and it has produced a fatal illness in humans. If the virus were to develop the capacity for sustained human-to-human transmission, it could spread quickly across the globe.

Our country has been given fair warning of this danger to our homeland – and time to prepare. It's my responsibility as President to take measures now to protect the American people from the possibility that human-to-human transmission may occur. So several months ago, I directed all relevant departments and agencies in the federal government to take steps to address the threat of avian and pandemic flu. Since that time, my administration has developed a comprehensive national strategy, with concrete measures we can take to prepare for an influenza pandemic.

Today, I am announcing key elements of that strategy. Our strategy is designed to meet three critical goals: First, we must detect outbreaks that occur anywhere in the world; second, we must protect the American people by stockpiling vaccines and antiviral drugs, and improve our ability to

rapidly produce new vaccines against a pandemic strain; and, third, we must be ready to respond at the federal, state and local levels in the event that a pandemic reaches our shores.

To meet these three goals, our strategy will require the combined efforts of government officials in public health, medical, veterinary and law enforcement communities and the private sector. It will require the active participation of the American people. And it will require the immediate attention of the United States Congress so we can have the resources in place to begin implementing this strategy right away.

The first part of our strategy is to detect outbreaks before they spread across the world. In the fight against avian and pandemic flu, early detection is our first line of defense. A pandemic is a lot like a forest fire: if caught early, it might be extinguished with limited damage; if allowed to smolder undetected, it can grow to an inferno that spreads quickly beyond our ability to control it. So we're taking immediate steps to ensure early warning of an avian or pandemic flu outbreak among animals or humans anywhere in the world.

In September at the United Nations, I announced a new International Partnership on Avian and Pandemic Influenza – a global network of surveillance and preparedness that will help us to detect and respond quickly to any outbreaks of disease. The partnership requires participating countries that face an outbreak to immediately share information and provide samples to the World Health Organization. By requiring transparency, we can respond more rapidly to dangerous outbreaks.

Since we announced this global initiative, the response from across the world has been very positive. Already, 88 countries and nine international organizations have joined the effort. Senior officials from participating governments recently convened the partnership's first meeting here in Washington.

Together, we're working to control and monitor avian flu in Asia, and to ensure that all nations have structures in place to recognize and report outbreaks before they spread beyond human control. I've requested $251 million from Congress to help our foreign partners train local medical personnel, expand their surveillance and testing capacity, draw up preparedness plans, and take other vital actions to detect and contain outbreaks.

A flu pandemic would have global consequences, so no nation can afford to ignore this threat, and every nation has responsibilities to detect and stop its spread.

Here in the United States, we're doing our part. To strengthen domestic surveillance, my administration is launching the National Bio-surveillance Initiative. This initiative will help us rapidly detect, quantify and respond to outbreaks of disease in humans and animals, and deliver information quickly to state, and local, and national and international public health officials. By creating systems that provide continuous situational awareness, we're more likely to be able to stop, slow, or limit the spread of the pandemic and save American lives.

The second part of our strategy is to protect the American people by stockpiling vaccines and antiviral drugs, and accelerating development of new vaccine technologies. One of the challenges presented by a pandemic is that scientists need a sample of the new strain before they can produce a vaccine against it. This means it is difficult to produce a pandemic vaccine before the pandemic actually appears – and so there may not be a vaccine capable of fully immunizing our citizens from the new influenza virus during the first several months of a pandemic.

To help protect our citizens during these early months when a fully effective vaccine would not be available, we're taking a number of immediate steps. Researchers here at the NIH have developed a vaccine based on the current strain of the avian flu virus; the vaccine is already in clinical trials. And I am asking that the Congress fund $1.2 billion for the Department of Health and Human Services to purchase enough doses of this vaccine from manufacturers to vaccinate 20 million people.

This vaccine would not be a perfect match to pandemic flu because the pandemic strain would probably differ somewhat from the avian flu virus it grew from. But a vaccine against the current

avian flu virus would likely offer some protection against a pandemic strain, and possibly save many lives in the first critical months of an outbreak.

We're also increasing stockpiles of antiviral drugs such as Tamiflu and Relenza. Antiviral drugs cannot prevent people from contracting the flu. It can – but they can reduce the severity of the illness when taken within 48 hours of getting sick. So in addition to vaccines, which are the foundation of our pandemic response, I am asking Congress for a billion dollars to stockpile additional antiviral medications, so that we have enough on hand to help treat first responders and those on the front lines, as well as populations most at risk in the first stages of a pandemic.

To protect the greatest possible number of Americans during a pandemic, the cornerstone of our strategy is to develop new technologies that will allow us to produce new vaccines rapidly. If a pandemic strikes our country – if a pandemic strikes, our country must have a surge capacity in place that will allow us to bring a new vaccine online quickly and manufacture enough to immunize every American against the pandemic strain.

I recently met with leaders of the vaccine industry. They assured me that they will work with the federal government to expand the vaccine industry, so that our country is better prepared for any pandemic. Today, the NIH is working with vaccine makers to develop new cell-culture techniques that will help us bring a pandemic flu vaccine to the American people faster in the event of an outbreak. Right now, most vaccines are still produced with 1950's technology using chicken eggs that are infected with the influenza virus and then used to develop and produce vaccines. In the event of a pandemic, this antiquated process would take many, many months to produce a vaccine, and it would not allow us to produce enough vaccine for every American in time.

Since American lives depend on rapid advances in vaccine production technology, we must fund a crash program to help our best scientists bring the next generation of technology online rapidly. I'm asking Congress for $2.8 billion to accelerate development of cell-culture technology. By bringing cell-culture technology from the research laboratory into the production line, we should be able to produce enough vaccine for every American within six months of the start of a pandemic.

I'm also asking Congress to remove one of the greatest obstacles to domestic vaccine production: the growing burden of litigation. In the past three decades, the number of vaccine manufacturers in America has plummeted, as the industry has been flooded with lawsuits. Today, there is only one manufacturer in the United States that can produce influenza vaccine. That leaves our nation vulnerable in the event of a pandemic. We must increase the number of vaccine manufacturers in our country, and improve our domestic production capacity. So Congress must pass liability protection for the makers of life-saving vaccines.

By making wise investments in technology and breaking down barriers to vaccine production, we're working toward a clear goal: In the event of a pandemic, we must have enough vaccine for every American.

The third part of our strategy is to ensure that we are ready to respond to a pandemic outbreak. A pandemic is unlike other natural disasters; outbreaks can happen simultaneously in hundreds, or even thousands, of locations at the same time. And unlike storms or floods, which strike in an instant and then recede, a pandemic can continue spreading destruction in repeated waves that can last for a year or more.

To respond to a pandemic, we must have emergency plans in place in all 50 states and every local community. We must ensure that all levels of government are ready to act to contain an outbreak. We must be able to deliver vaccines and other treatments to frontline responders and at-risk populations.

So my administration is working with public health officials in the medical community to develop – to develop effective pandemic emergency plans. We're working at the federal level. We're looking at ways and options to coordinate our response with state and local leaders. I've asked Mike Leavitt – Secretary Leavitt – to bring together state and local public health officials from across the nation to discuss their plans for a pandemic, and to help them improve pandemic planning at the community

level. I'm asking Congress to provide $583 million for pandemic preparedness, including $100 million to help states complete and exercise their pandemic plans now, before a pandemic strikes.

If an influenza pandemic strikes, every nation, every state in this Union, and every community in these states, must be ready.

To respond to a pandemic, we need medical personnel and adequate supplies of equipment. In a pandemic, everything from syringes to hospital beds, respirators, masks and protective equipment would be in short supply. So the federal government is stockpiling critical supplies in locations across America as part of the Strategic National Stockpile. The Department of Health and Human Services is helping states create rosters of medical personnel who are willing to help alleviate local shortfalls during a pandemic. And every federal department involved in health care is expanding plans to ensure that all federal medical facilities, personnel, and response capabilities are available to support local communities in the event of a pandemic crisis.

To respond to a pandemic, the American people need to have information to protect themselves and others. In a pandemic, an infection carried by one person can be transmitted to many other people, and so every American must take personal responsibility for stopping the spread of the virus. To provide Americans with more information about pandemics, we're launching a new website, pandemicflu.gov. That ought to be easy for people to remember: pandemicflu.gov. The website will keep our citizens informed about the preparations underway, steps they can take now to prepare for a pandemic, and what every American can do to decrease their risk of contracting and spreading the disease in the event of an outbreak.

To respond to a pandemic, members of the international community will continue to work together. An influenza pandemic would be an event with global consequences, and therefore we're continuing to meet to develop a global response. We've called nations together in the past, and will continue to call nations together to work with public health experts to better coordinate our efforts to deal with a disaster.

Now, all the steps I've outlined today require immediate resources. Because a pandemic could strike at any time, we can't waste time in preparing. So to meet all our goals, I'm requesting a total of $7.1 billion in emergency funding from the United States Congress. By making critical investments today, we'll strengthen our ability to safeguard the American people in the awful event of a devastating global pandemic, and at the same time will bring our nation's public health and medical infrastructure more squarely in the 21st century.

The steps I have outlined will also help our nation in other critical ways. By perfecting cell-based technologies now, we will be able to produce vaccines for a range of illnesses and save countless lives. By strengthening our domestic vaccine industry, we can help ensure that our nation will never again have a shortage of vaccine for seasonal – seasonal flu. And by putting in place and exercising pandemic emergency plans across the nation, we can help our nation prepare for other dangers – such as a terrorist attack using chemical or biological weapons.

Leaders at every level of government have a responsibility to confront dangers before they appear, and engage the American people on the best course of action. It is vital that our nation discuss and address the threat of pandemic flu now. There is no pandemic flu in our country or in the world at this time – but if we wait for a pandemic to appear, it will be too late to prepare, and one day many lives could be needlessly lost because we failed to act today.

By preparing now, we can give our citizens some peace of mind knowing that our nation is ready to act at the first sign of danger, and that we have the plans in place to prevent and, if necessary, withstand an influenza pandemic.

Thank you for coming today to let me outline my strategy. Thank the United States Congress for considering this measure. May God bless you all. (Applause.)

The New York Times

Gina Kolata

Hazard in Hunt for New Flu: Looking for Bugs in All the Wrong Places

The New York Time, 8 November 2005
https://www.nytimes.com/2005/11/08/science/hazard-in-hunt-for-new-flu-looking-for-bugs-in-all-the-wrong-places.html

Science moves in mysterious ways, and sometimes what seems like the end of the story is really just the beginning. Or, at least, that is what some researchers are thinking as they scratch their heads over the weird genetic sequence of the 1918 flu virus.

Dr. Jeffery Taubenberger, a molecular pathologist at the Armed Forces Institute of Technology who led the research team that reconstructed the long-extinct virus, said that a few things seemed clear.

The 1918 virus appears to be a bird flu virus. But if it is from a bird, it is not a bird anyone has studied before. It is not like the A(H5N1) strain of bird flus in Asia, which has sickened at least 116 people, and killed 60. It is not like the influenza viruses that infect fowl in North America.

Yet many researchers believe that the 1918 virus, which caused the worst infectious disease epidemic in human history, is a bird flu virus. And if so, it is the only one that has ever been known to cause a human pandemic.

That, Dr. Taubenberger said, gives rise to a question. Are scientists looking for the next pandemic flu virus in all the wrong places? Is there a bird that no one ever thought about that harbors the next 1918-like flu? And if so, what bird is it, and where does it live?

"I can't even assign a hemisphere," he said. "It just came from somewhere else. Maybe it's in pigeons. Or in songbirds."

"It's weird, it's really weird," he added. "My view is to be undogmatic as possible and just try to follow the data. This is the result we get. The question is, What does it mean?"

Dr. Taubenberger's question emerged from the science fiction-like search for the 1918 virus that eventually led to its reconstruction.

A decade ago, Dr. Taubenberger and his colleagues found shards of the extinct virus in two fingernail-size snippets of formaldehyde-soaked lung tissue from two soldiers and from the frozen lung of an Inuit woman who died of the flu in 1918 and was buried in permafrost. Slowly and painstakingly, they fished out the tiny fragments of viral genes and began reconstructing them.

The first gene they sequenced was the one that codes for the hemagglutinin protein on the virus's surface. Immediately, Dr. Taubenberger and his colleagues were struck by an oddity: the chain of nucleotides that coded for the amino acids in the protein were arranged differently from those found in any other bird flu.

The genetic code is flexible; there is more than one way that a group of three nucleotides can be arranged to code for the same amino acid. But every bird flu virus ever studied used the same spellings for the hemagglutinin amino acids. Not the 1918 flu.

There were two possibilities, Dr. Taubenberger thought. One was that bird flus have evolved over the decades and that back in 1918, the amino acids in bird viruses were simply coded differently.

Another was that if the 1918 flu virus came from a bird, it was no bird that anyone had considered before.

"We decided there was no way to address this," Dr. Taubenberger said. After all, the birds from 1918 were long gone, and their viruses had died with them.

Then Dr. Thomas Fanning, a scientist in Dr. Taubenberger's group, mentioned that he had a friend at the Smithsonian who worked at the National Museum of Natural History in Washington. It had several thousand preserved birds from the early 20th century that were floating in Mason jars of alcohol.

From there, they reached James P. Dean, a supervisor in the division of birds at the museum, who sent Dr. Taubenberger a computer printout of the birds in the museum's collection – hundreds of birds, with notes telling the species and the exact times and places where they were collected. But which to choose?

Dr. Taubenberger consulted with one of the leading experts on bird flus, Richard Slemons of Ohio State, who chose 40 birds on the museum's list, all waterfowl collected around 1918. The museum found 25 of them.

The scientists took tiny pinches of tissue from passages of the birds' excretory tracts, or cloacas, and Dr. Taubenberger looked for flu viruses in the tissue. Six of the birds had a flu virus. The genetic coding for the amino acids in those viruses was exactly like that in bird flu viruses today, Dr. Taubenberger found.

In fact, the viruses had not even evolved. Human influenza viruses change every year, mutating slightly so they can reinfect people who had just had the flu and developed antibodies against it. But birds, Dr. Slemons said, do not have much of an immune response to influenza, and so there is no particular pressure for the virus to mutate.

Another reason the viruses stay the same, he said, is that some birds live for only a couple of years and so, every year, the viruses have a new bird population to infect. Finally, he said, birds are chronically infected with lots of flu viruses at once, and all the viruses coexist peacefully.

"There are so many that there is no selective pressure on any virus," he said.

But if bird viruses do not evolve and if the waterfowl viruses in 1915 and 1916 look just like bird viruses today, where did the 1918 virus come from? Or was it really a bird virus?

After all, at the time that he looked at the Smithsonian birds, Dr. Taubenberger had reconstructed only part of the virus's genetic sequence. Maybe when he had the whole thing, the picture would change.

It did not. The entire sequence, published last month in Nature, had the distinctive protein structures of a bird virus, he said. And it had that same peculiar way of spelling its amino acids.

When he compared the 1918 virus with today's human flu viruses, Dr. Taubenberger noticed that it had alterations in just 25 to 30 of the virus's 4,400 amino acids. Those few changes turned a bird virus into a killer than could spread from person to person.

Dr. Taubenberger noticed that, so far, the A(H5N1) viruses in Asia have just a few of those changes. They do not, however, have the unusual ways of coding the amino acid instructions that the 1918 virus had. So are the Asian bird viruses on their way to becoming pandemic viruses, or not?

Some experts like Dr. Peter Palese of the Mount Sinai School of Medicine in New York say the A(H5N1) flu viruses are a false alarm. He notes that studies of serum collected in 1992 from people in rural China indicated that millions of people there had antibodies to the A(H5N1) strain.

That means they had been infected with an H5N1 bird virus and recovered, apparently without incident.

Despite that, and the fact that those viruses have been circulating in China more than a dozen years, almost no human-to-human spread has occurred. "The virus has been around for more than a dozen years, but it hasn't jumped into the human population," Dr. Palese said. "I don't think it has the capability of doing it."

Dr. Taubenberger said he could argue it either way.

"It's a nasty virus," he said. "It is highly virulent in domestic birds and wild birds. The fact that it has killed half the humans it has infected makes it of concern, and the fact that it shares some features with the 1918 virus makes it of concern.

"But the fact that it has circulated in Asia for years and hasn't caused a pandemic argues against it. Maybe there are some biological barriers we don't understand."

So where will the next pandemic come from? Dr. Taubenberger says he wonders if it may be from a bird no one has thought of, a bird with a flu virus that has the same funny coding of amino acids that he saw in the 1918 flu.

He has teamed up with scientists in Alaska to get swabs from the cloacas of migrating birds, and he is looking in those samples for flu viruses that look like the one from 1918.

"Probably nobody else has thought much about this," Dr. Taubenberger said. "But we've been staring at the sequence of the virus for the last 10 years, and we've been thinking about it." For him, the story is not over; it has just taken another turn.

thebmj

Peter Doshi

Are US flu death figures more PR than science?

British Medical Journal, 8 December 2005, 331:1412
DOI:10.1136/BMJ.331.7529.1412 3

US data on influenza deaths are a mess; there are significant statistical incompatibilities between official estimates and national vital statistics data and a marketing of fear in which medical experts "predict dire outcomes" during flu seasons.

Abstract

US data on influenza deaths are a mess.

The Centers for Disease Control and Prevention (CDC) acknowledges a difference between flu death and flu associated death yet uses the terms interchangeably.

Additionally, there are significant statistical incompatibilities between official estimates and national vital statistics data.

Compounding these problems is a marketing of fear – a CDC communications strategy in which medical experts "predict dire outcomes" during flu seasons. The CDC website states what has become commonly accepted and widely reported in the lay and scientific press: annually "about 36 000 [Americans] die from flu" (www.cdc.gov/flu/about/disease.htm) and "influenza/pneumonia" is the seventh leading cause of death in the United States (www.cdc.gov/nchs/fastats/lcod.htm).

But why are flu and pneumonia bundled together? Is the relationship so strong or unique to warrant characterising them as a single cause of death?

David Rosenthal, director of Harvard University Health Services, said, "People don't necessarily die, per se, of the [flu] virus – the viraemia. What they die of is a secondary pneumonia. So many of these pneumonias are not viral pneumonias but secondary [pneumonias]."

But Dr Rosenthal agreed that the flu/pneumonia relationship was not unique. For instance, a recent study (JAMA 2004; 292: 1955-60) found that stomach acid suppressing drugs are associated with a higher risk of community

thebmj

Dr. Raj Mehta

Can we really trust CDC?

Rapid Response:
Are US flu death figures more PR than science?

British Medical Journal, 8 December 2005, 331:1412 // 16 December 2005
doi: https://doi.org/10.1136/bmj.331.7529.1412

Peter Doshi's short article, "Are US flu death figures more PR than science?" is very interesting and important.

This is my initial response, will probably have more to say once I digest the implications of erroneous figures perpatrated by a public body like CDC.

There are major implications when the public body like CDC making such claims. Both professionals and the lay people take these figures and claims as gospel turth and base their actions on these statements. Such statements by CDC have a cascading and multiplying effect. Monies and time are spent to accommodate the conclusions of CDC. Which of course means for an organization (http://www.louriecenter.org) like the one I volunteer for, that something else which is important is not attended to.

This kind of twisting/misrepresentation of the facts, which for some ill advised reason CDC has embarked on, must brought to public attention.

I really laud Peter Doshi and your BMJ journal to have the courage to take up an issue which is not going to win friends at CDC.

I think more such efforts have to be undertaken by individuals and support to be given by Journal like yours to reverse the trend of twisting/misrepresentation of medical science data by both private and public bodies.

Thanks BMJ for publishing this item.
Raj

thebmj

Gordon F. Moran

Flu Vaccine Research: More Detailed Statistics Needed

Rapid response to:
Are US flu death figures more PR than science?

British Medical Journal, 8 December 2005, 331:1412 // 5 May 2006
doi: https://doi.org/10.1136/bmj.331.7529.1412

In his article, Peter Doshi contests the official government statistics for flu deaths, claiming the figures are too high. In his letter in response to this article, Prof. Marco Mamone-Capria writes that the situation is more complicated, regarding alleged flu deaths, than public health authorites would have the public believe. And he raises questions about how useful flu vaccines might be.

Some clarifications might be attained by means of more precise and detailed statistics. For example, during each year in which there is a promotional campaign for flu vaccines, there are four groups of persons:

1) Those who got their flu vaccine, and then got the flu.
2) Those who did not get a flu vaccine, and did not get the flu.
3) Those who did not get a flu vaccine, and got the flu.
4) Those who got their flu vaccine and did not get the flu.

Statistics for each of these groups would provide important information for scholars, and the public, in helping to arrive at informed opinions and decisions.

Along a similar line, it would seem likely and logical that many, if not most, of the alleged flu deaths are among persons in the over 65 age group. In fact, this group is a specific target during flu vaccine promotional campaigns.

How many of the alleged flu deaths in this age group include persons who got their flu vaccine in the wake of the public health officials' warnings and suggestions, and how many among persons who did not heed the warnings and did not get a flu vaccine?

Such statistics might provide important information relating to the relative urgency to get flu vaccines, and relating to how useful and effective flu vaccines really are.

Anita Manning

Study: Annual flu death toll could be overstated.

USA Today, 11 December 2005.
https://tacanow.org/enewsletters_archive/2005/December_2005_2.htm#4d

Every winter, flu takes its toll on the health of Americans. But how great a toll is being questioned in a review published Saturday in the British Medical Journal.

Peter Doshi, a graduate student at Harvard University, says the estimate by the Centers for Disease Control and Prevention of 36,000 flu-related deaths each year is based on "flawed" statistics.

"I found a number of inconsistencies and poor assumptions being made," he says. An example is the CDC's use of "pneumonia and influenza" deaths, taken together, as a basis for estimating deaths caused by flu. He says that link is "arbitrary" and "has the effect of biasing their estimates of flu mortality."

Lab-confirmed flu cases and flu-related deaths, except for those in children, are not reported to the CDC, so estimates of cases are based on a variety of measures, including deaths from pneumonia or circulatory diseases during flu season compared with deaths from those causes when there is no flu around. If the pneumonia deaths jump in January and February, health experts assume some are caused by flu.

About 10% of pneumonia deaths are associated with flu, says William Thompson of the CDC's National Immunization Program, but flu also contributes to deaths from other causes.

If you go by death certificates alone, says Martin Meltzer, a CDC expert in health economics, almost nobody dies of flu.

"Somebody can have flu and go to a hospital and die of a heart attack, but he might not have had the heart attack if he hadn't had the flu," Meltzer says. "The death certificates don't read 'influenza,' " he says. "They read 'heart attack,' 'diabetes' and all the fancy things people write down because they don't know what they died of."

The statistical model used to come up with the estimated average of 36,000 deaths each year takes these less obvious cases into account, Meltzer says. They are deaths associated with flu, but not necessarily caused primarily by flu, he says. "We think if you could prevent flu, you would prevent a large proportion of these deaths," Meltzer says.

Until 2003, the CDC had estimated 20,000 deaths per year, but in a study published in The Journal of the American Medical Association, of which Thompson was the lead author, researchers concluded that flu-related deaths had increased during the 1980s and 1990s to between 17,000 and 51,000 deaths annually, an average of 36,000. They attributed that partly to a rise in the number of elderly people, who are at higher risk of dying from flu complications, and to virulent strains circulating in the '90s.

Thompson's estimates were based on statistics reported between 1976 and 1999, and his analysis is "state of the art," Meltzer says. Only data from lab tests on hundreds of thousands of patients would provide greater accuracy, he says. "It's the best estimate we can do at the moment."

CDC EMERGING INFECTIOUS DISEASES

David J. Sencer, J. Donald Millar

Reflections on the 1976 Swine Flu Vaccination Program

CDC, Emerg Infect Dis., January 2006, 12 (1)
https://web.archive.org/web/20110512042827/http://www.cdc.gov/ncidod/eid/vol12no01/05-1007.htm

In 1976, 2 recruits at Fort Dix, New Jersey, had an influenzalike illness. Isolates of virus taken from them included A/New Jersey/76 (Hsw1n1), a strain similar to the virus believed at the time to be the cause of the 1918 pandemic, commonly known as swine flu. Serologic studies at Fort Dix suggested that >200 soldiers had been infected and that person-to-person transmission had occurred. We review the process by which these events led to the public health decision to mass-vaccinate the American public against the virus and the subsequent events that led to the program's cancellation. Observations of policy and implementation success and failures are presented that could help guide decisions regarding avian influenza.

- Edwin D. Kilbourne. Flu to the Starboard! Man the Harpoons! Fill with Vaccine! Get the Captain! Hurry! – New York Times, 13 February 1976 (1)
- Barack Obama and Richard Lugar. Grounding a Pandemic. – New York Times, 6 June 2005 (2)
- It has been 37 years since the last influenza pandemic, or widespread global epidemic, so by historic patterns we may be due for another. – New York Times, 17 July 2005 (3)

Kilbourne in 1976 (1) noted that pandemics of influenza occur every 11 years. Since the latest prediction in the New York Times (3) suggests that after 39 years we may be overdue for a pandemic, and since 2 US senators have recently headlined the possibility (2), that observation may become a political fact. Whether it becomes a scientific fact and a policy fact is yet to be seen. Some reflections on 1976 from 2 insiders' viewpoints may identify some of the pitfalls that public health policymakers will face in addressing potential influenza pandemics.

Swine Flu at Fort Dix

On February 3, 1976, the New Jersey State Health Department sent the Center for Disease Control (CDC) in Atlanta isolates of virus from recruits at Fort Dix, New Jersey, who had influenzalike illnesses. Most of the isolates were identified as A/Victoria/75 (H3N2), the contemporary epidemic strain. Two of the isolates, however, were not typeable in that laboratory. On February 10, additional isolates were sent and identified in CDC laboratories as A/New Jersey/76 (Hsw1N1), similar to the virus of the 1918 pandemic and better known as "swine flu."

A meeting of representatives of the military, the National Institute of Health, the Food and Drug Administration (FDA), and the State of New Jersey Department of Health was quickly convened on Saturday, February 14, 1976. Plans of action included heightened surveillance in and around Fort Dix, investigation of the ill recruits to determine if contact with pigs had occurred, and serologic testing of recruits to determine if spread had occurred at Fort Dix.

Surveillance activities at Fort Dix gave no indication that recruits had contact with pigs. Surveillance in the surrounding communities found influenza caused by the current strain of influenza, A/Victoria, but no additional cases of swine flu. Serologic testing at Fort Dix indicated that person-to-person transmission had occurred in >200 recruits (4).

In 1974 and 1975, 2 instances of humans infected with swine influenza viruses had been documented in the United States. Both persons involved had close contact with pigs, and no evidence for spread of the virus beyond family members with pig contact could be found (5).

The National Influenza Immunization Program

On March 10, 1976, the Advisory Committee on Immunization Practices of the United States Public Health Service (ACIP) reviewed the findings. The committee concluded that with a new strain (the H1N1 New Jersey strain) that could be transmitted from person to person, a pandemic was a possibility. Specifically, the following facts were of concern: 1) persons <50 years of age had no antibodies to this new strain; 2) a current interpandemic strain (A/Victoria) of influenza was widely circulating; 3) this early detection of an outbreak caused by A/New Jersey/76/Hsw1N1 (H1N1) provided an opportunity to produce a vaccine since there was sufficient time between the initial isolates and the advent of an expected influenza season to produce vaccine. In the past when a new pandemic strain had been identified, there had not been enough time to manufacture vaccine on any large scale; 4) influenza vaccines had been used for years with demonstrated safety and efficacy when the currently circulating vaccine strain was incorporated; 5) the military vaccine formulation for years had included H1N1, an indication that production was possible, and no documented adverse effects had been described.

ACIP recommended that an immunization program be launched to prevent the effects of a possible pandemic. One ACIP member summarized the consensus by stating "If we believe in prevention, we have no alternative but to offer and urge the immunization of the population." One ACIP member expressed the view that the vaccine should be stockpiled, not given.

Making this decision carried an unusual urgency. The pharmaceutical industry had just finished manufacture of the vaccine to be used in the 1976–1977 influenza season. At that time, influenza vaccine was produced in fertilized hen's eggs from special flocks of hens. Roosters used for fertilizing the hens were still available; if they were slaughtered, as was customary, the industry could not resume production for several months.

On March 13, an action memo was presented to the Secretary of the Department of Health Education and Welfare (DHEW). It outlined the problem and presented 4 alternative courses of action. First was "business as usual," with the marketplace prevailing and the assumption that a pandemic might not occur. The second was a recommendation that the federal government embark on a major program to immunize a highly susceptible population. As a reason to adopt this plan of action, the memo stated that "the Administration can tolerate unnecessary health expenditures better than unnecessary death and illness if a pandemic should occur." The third proposed course of action was a minimal response, in which the federal government would contract for sufficient vaccine to provide for traditional federal beneficiaries – military personnel, Native Americans, and Medicare-eligible persons. The fourth alternative was a program that would represent an exclusively federal response without involvement of the states.

The proposal recommended by the director of CDC was the second course, namely, for the federal government to contract with private pharmaceutical companies to produce sufficient vaccine to permit the entire population to be immunized against H1N1. The federal government would make grants to state health departments to organize and conduct immunization programs. The federal government would provide vaccine to state health departments and private medical practices. Since influenza caused by A/Victoria was active worldwide, industry was asked to incorporate the swine flu into an A/Victoria product to be used for populations at high risk.

Before the discussions with the secretary of DHEW had been completed, a member of his staff sent a memo to a health policy advisor in the White House, raising the specter of the 1918 pandemic, which had been specifically underemphasized in the CDC presentation. CDC's presentation highlighted the pandemic potential, comparing it with the 1968–69 Hong Kong and 1957–58 Asian pandemics. President Gerald Ford's staff recommended that the president convene a large group of well-known and respected scientists (Albert Sabin and Jonas Salk had to be included) and public

representatives to hear the government's proposal and make recommendations to the president about it. After the meeting, the president had a press conference, highlighted by the unique simultaneous appearance of Salk and Sabin. President Ford announced that he accepted the recommendations that CDC had originally made to the secretary of DHEW. The National Influenza Immunization Program (NIIP) was initiated.

The proposal was presented to 4 committees of the Congress, House and Senate authorization committees and House and Senate appropriation committees. All 4 committees reported out favorable legislation, and an appropriation bill was passed and signed.

The estimated budgeted cost of the program was $137 million. When Congress passed the appropriation, newspapers mischaracterized the cost as "$1.9 billion" because the $137 million was included as part of a $1.9 billion supplemental appropriation for the Department of Labor. In the minds of the public, this misconception prevailed.

Immediately after the congressional hearing, a meeting of all directors of state health departments and medical societies was held at CDC. The program was presented by CDC, and attendees were asked for comments. A representative from the New Jersey state health department opposed the plan; the Wisconsin state medical society opposed any federal involvement. Otherwise, state and local health departments approved the plan.

Within CDC, a unit charged with implementing the program, which reported to the director, was established. This unit, NIIP, had complete authority to draw upon any resources at CDC needed. NIIP was responsible for relations with state and local health departments (including administration of the grant program for state operations, technical advice to the procurement staff for vaccine, and warehousing and distribution of the vaccine to state health departments) and established a proactive system of surveillance for possible adverse effects of the influenza vaccines, the NIIP Surveillance Assessment Center (NIIP-SAC). (This innovative surveillance system would prove to be NIIP's Trojan horse.) In spite of the obstacles discussed below, NIIP administered a program that immunized 45 million in 10 weeks, which resulted in doubling the level of immunization for persons deemed to be at high risk, rapidly identifying adverse effects, and developing and administering an informed consent form for use in a community-based program.

Obstacles to the Vaccination Plan

The principal obstacle was the lack of vaccines. As test batches were prepared, the largest ever field trials of influenza vaccines ensued. The vaccines appeared efficacious and safe (although in the initial trials, children did not respond immunologically to a single dose of vaccine, and a second trial with a revised schedule was needed) (6). Hopes were heightened for a late summer/early fall kickoff of mass immunization operations.

In January 1976, before the New Jersey outbreak, CDC had proposed legislation that would have compensated persons damaged as a result of immunization when it was licensed by FDA and administered in the manner recommended by ACIP. The rationale given was that immunization protects the community as well as the individual (a societal benefit) and that when a person participating in that societal benefit is damaged, society had a responsibility to that person. The proposal was sent back from a staff member in the Surgeon General's office with a handwritten note, "This is not a problem."

Soon, however, NIIP received the first of 2 crippling blows to hopes to immunize "every man, woman, and child." The first was later in 1976, when instead of boxes of bottled vaccine, the vaccine manufacturers delivered an ultimatum – that the federal government indemnify them against claims of adverse reactions as a requirement for release of the vaccines. The government quickly capitulated to industry's demand for indemnification. While the manufacturers' ultimatum reflected the trend of increased litigiousness in American society, its unintended, unmistakable subliminal message blared "There's something wrong with this vaccine." This public misperception, warranted or not, ensured that every coincidental health event that occurred in the wake of the swine flu shot would be scrutinized and attributed to the vaccine.

On August 2, 1976, deaths apparently due to an influenzalike illness were reported from Pennsylvania in older men who had attended the convention of the American Legion in Philadelphia. A combined team of CDC and state and local health workers immediately investigated. By the next day, epidemiologic evidence indicated that the disease was not influenza (no secondary cases occurred in the households of the patients). By August 4, laboratory evidence conclusively ruled out influenza. However, this series of events was interpreted by the media and others as an attempt by the government to "stimulate" NIIP.

Shortly after the national campaign began, 3 elderly persons died after receiving the vaccine in the same clinic. Although investigations found no evidence that the vaccine and deaths were causally related, press frenzy was so intense it drew a televised rebuke from Walter Cronkite for sensationalizing coincidental happenings.

Guillain-Barré Syndrome

What NIIP did not and could not survive, however, was the second blow, finding cases of Guillain-Barré syndrome (GBS) among persons receiving swine flu immunizations. As of 1976, >50 "antecedent events" had been identified in temporal relationship to GBS, events that were considered as possible factors in its cause. The list included viral infections, injections, and "being struck by lightning." Whether or not any of the antecedents had a causal relationship to GBS was, and remains, unclear. When cases of GBS were identified among recipients of the swine flu vaccines, they were, of course, well covered by the press. Because GBS cases are always present in the population, the necessary public health questions concerning the cases among vaccine recipients were "Is the number of cases of GBS among vaccine recipients higher than would be expected? And if so, are the increased cases the result of increased surveillance or a true increase?" Leading epidemiologists debated these points, but the consensus, based on the intensified surveillance for GBS (and other conditions) in recipients of the vaccines, was that the number of cases of GBS appeared to be an excess.

Had H1N1 influenza been transmitted at that time, the small apparent risk of GBS from immunization would have been eclipsed by the obvious immediate benefit of vaccine-induced protection against swine flu. However, in December 1976, with >40 million persons immunized and no evidence of H1N1 transmission, federal health officials decided that the possibility of an association of GBS with the vaccine, however small, necessitated stopping immunization, at least until the issue could be explored. A moratorium on the use of the influenza vaccines was announced on December 16; it effectively ended NIIP of 1976. Four days later the New York Times published an op-ed article that began by asserting, "Misunderstandings and misconceptions... have marked Government ... during the last eight years," attributing NIIP and its consequences to "political expediency" and "the self interest of government health bureaucracy" (7). These simple and sinister innuendos had traction, as did 2 epithets used in the article to describe the program, "debacle" in the text and "Swine Flu Fiasco" in the title.

On February 7, the new secretary of DHEW, Joseph A. Califano, announced the resumption of immunization of high-risk populations with monovalent A/Victoria vaccine that had been prepared as part of the federal contracts, and he dismissed the director of CDC.

Lessons Learned

NIIP may offer lessons for today's policymakers, who are faced with a potential pandemic of avian influenza and struggling with decisions about preventing it. Two of these lessons bear further scrutiny here.

Media and Presidential Attention

While all decisions related to NIIP had been reached in public sessions (publishing of the initial virus findings in CDC's weekly newsletter, the Morbidity and Mortality Weekly Report (MMWR); New York Times reporter Harold Schmeck's coverage of the ACIP sessions, the president's press conference, and 4 congressional hearings), effective communication from scientifically qualified

persons was lacking, and the perception prevailed that the program was motivated by politics rather than science. In retrospect (and to some observers at the time), the president's highly visible convened meeting and subsequent press conference, which included pictures of his being immunized, were mistakes. These instances seemed to underline the suspicion that the program was politically motivated, rather than a public health response to a possible catastrophe.

Annex 11 of the draft DHEW pandemic preparedness plan states, "For policy decisions and in communication, making clear what is not known is as important as stating what is known. When assumptions are made, the basis for the assumptions and the uncertainties surrounding them should be communicated" (11). This goal is much better accomplished if the explanations are communicated by those closest to the problem, who can give authoritative scientific information. Scientific information coming from a nonscientific political figure is likely to encourage skepticism, not enthusiasm.

Neither CDC nor the health agencies of the federal government had been in the habit of holding regular press conferences. CDC considered that its appropriate main line of communication was to states and local health departments, believing that they were best placed to communicate with the public. MMWR served both a professional and public audience and accounted for much of CDC's press coverage. In 1976, no all-news stations existed, only the nightly news. The decision to stop the NIIP on December 16, 1976, was announced by a press release from the office of the assistant secretary for health. The decision to reinstitute the immunization of those at high risk was announced by a press release from the office of the secretary, DHEW. In retrospect, periodic press briefings would have served better than responding to press queries. The public must understand that decisions are based on public health, not politics. To this end, health communication should be by health personnel through a regular schedule of media briefings.

Decision To Begin Immunization

This decision is worthy of serious question and debate. As Walter Dowdle (12) points out in this issue of Emerging Infectious Diseases, the prevailing wisdom was that a pandemic could be expected at any time. Public health officials were concerned that if immunization was delayed until H1N1 was documented to have spread to other groups, the disease would spread faster than any ability to mobilize preventive vaccination efforts. Three cases of swine influenza had recently occurred in persons who had contact with pigs. In 1918, after the initial outbreak of influenza at Fort Riley in April, widespread outbreaks of influenza did not occur until late summer (13).

The Delphi exercise of Schoenbaum in early fall of 1976 (13) was the most serious scientific undertaking to poll scientists to decide whether or not to continue the program. Its main finding was that the cost benefit would be best if immunization were limited to those >25 years of age (and now young children are believed to be a potent source of spread of influenza virus!). Unfortunately, no biblical Joseph was there to rise from prison and interpret the future.

As Dowdle further states (12), risk assessment and risk management are separate functions. But they must come together with policymakers, who must understand both. These discussions should not take place in large groups in the president's cabinet room but in an environment that can establish an educated understanding of the situation. Once the policy decisions are made, implementation should be left to a single designated agency. Advisory groups should be small but representative. CDC had the lead responsibility for operation of the program. Implementation by committee does not work. Within CDC, a unit was established for program execution, including surveillance, outbreak investigation, vaccine procurement and distribution, assignment of personnel to states, and awarding and monitoring grants to the states. Communications up the chain of command to the policymakers and laterally to other directly involved federal agencies were the responsibility of the CDC director, not the director of NIIP, who was responsible for communications to the states and local health departments, those ultimately implementing operations of the program. This organizational mode functioned well, a tribute to the lack of interagency jealousies.

Decision-making Risks

When lives are at stake, it is better to err on the side of overreaction than underreaction. Because of the unpredictability of influenza, responsible public health leaders must be willing to take risks on behalf of the public. This requires personal courage and a reasonable level of understanding by the politicians to whom these public health leaders are accountable. All policy decisions entail risks and benefits: risks or benefits to the decision maker; risks or benefits to those affected by the decision. In 1976, the federal government wisely opted to put protection of the public first.

Dr Sencer was director of CDC from 1966 to 1977.
Dr Millar was director of NIIP in 1976.

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Dynamic Chiropractic

Donald M. Petersen Jr.

Worry, Anxiety, Concern and Inflated Statistics
The CDC's "Recipe" for Creating "Higher Demand for Influenza Vaccine"

Dynamic Chiropractic, January 2006
https://dynamicchiropractic.com/article/51036-worry-anxiety-concern-and-inflated-statistics

When most people think of the Centers for Disease Control and Prevention (CDC), they think of an organization within the Department of Health and Human Services whose primary focus is the health of American citizens. However, a recent review published in the *British Medial Journal*[1] calls that role into question.

The paper, "Are U.S. Flu Death Figures More PR Than Science?" questions the CDC's recent claim that "about 36,000 people per year in the United States die from influenza." (www.cdc.gov/flu/about/disease.htm).

The Harvard University grad student who authored the review goes on the compare this figure with other information published by the CDC. He points to the fact that the CDC's National Center for Health Statistics (NCHS) published data showing "between 1979 and 2002 an average [of] 1,348 flu deaths per year (range 257 to 3006)." He goes on note that even considering the CDC's own modeling program, only 8,097 deaths per year would be "described as flu or flu associated."[2]

But perhaps the most startling aspect of the author's comments is his reference to a presentation made by the associate director for communications of the CDC's National Immunization Program. The presentation was made during the 2004 Influenza Vaccine Summit, co-sponsored by the American Medical Association and the CDC. The presenter gives the seven-step "recipe" for creating greater demand for flu vaccinations. The following is excerpted from his PowerPoint presentation:[3]

"Recipe" That Fosters Higher Interest and Demand for Influenza Vaccine

1. Influenza's arrival coincides with immunization "season" (i.e., when people can take action)
2. Dominant strain and/or initial cases of disease are:
   - Associated with severe illness and/or outcomes
   - Occur among people for whom influenza is not generally perceived to cause serious complications (e.g., children, healthy adults, healthy seniors)
   - In cities and communities with significant media outlets (e.g., daily newspapers, major TV stations)
3. Medical experts and public health authorities publicly (e.g., via media) state concern and alarm (and predict dire outcomes) - and urge influenza vaccination.
4. The combination of '2' and"3' result in:
   (1) Significant media interest and attention
   (2) Framing of the flu season in terms that motivate behavior
   (e.g., as "very severe," "more severe than last or past years," "deadly")
5. Continued reports (e.g., from health officials and media) that influenza is causing severe illness and/or affecting lots of people - helping foster the perception that many people are susceptible to a bad case of influenza.

6. Visible/tangible examples of the seriousness of the illness (e.g., pictures of children, families of those affected coming forward) and people getting vaccinated (the first to motivate, the latter to reinforce).
7. References to, and discussions of, pandemic influenza - along with continued reference to the importance of vaccination.

Implications of "Recipe"

- A large component of consumer demand for flu vaccination is contingent upon things we can't control (e.g., timing, severity, extent, duration of the disease and resulting illness).
- Vaccination demand, particularly among people who don't routinely receive an annual influenza vaccination, is related to heightened concern, anxiety, and worry. For example:
    - A perception or sense that many people are falling ill;
    - A perception or sense that many people are experiencing bad illness;
    - A perception or sense of vulnerability to contracting and experiencing bad illness

Influenza Immunization Communication Challenges (2)

- Some component of success (i.e., higher demand for influenza vaccine) stems from media stories and information that create motivating (i.e., high) levels of concern and anxiety about influenza.
- Inducing worry, raised anxiety, and concern in people brings forth a number of issues and presents many dilemmas for health care professionals.

And Can Leave You Searching for the "Holy Grail" of Health Communication (Lanard and Sandman, 2004)

The belief that you can inform and warn people, and get them to take appropriate actions or precautions with respect to a health threat or risk without actually making them anxious or concerned. (Remember the quiz?)

This is not possible. Rather *"This is like breaking up with your boyfriend without hurting his feelings. It can't be done."*

One has to wonder why a federal agency would have to resort to "(i)nducing worry, raised anxiety, and concern in people" to get them to buy the flu vaccine. Is this truly about public health? If so, why the obviously inflated figures? At what point will our government accept the will of the people regarding their own health? At what point are the means no longer justified by the end?

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LETHBRIDGE Herald

[biff] – ref: Peter Doshi

Viral Marketing: The Selling of the Flu Vaccine

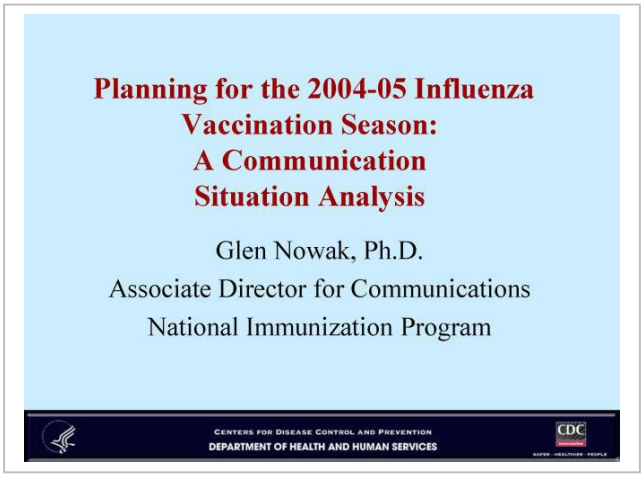
Lethbridge Herald, 7 November 2023 // 9 December 2020
Harpers Magazine, March 2006
https://lethbridgeherald.com/commentary/letters-to-the-editor/2020/12/09/ucp-needs-to-tighten-the-pandemic-rules/

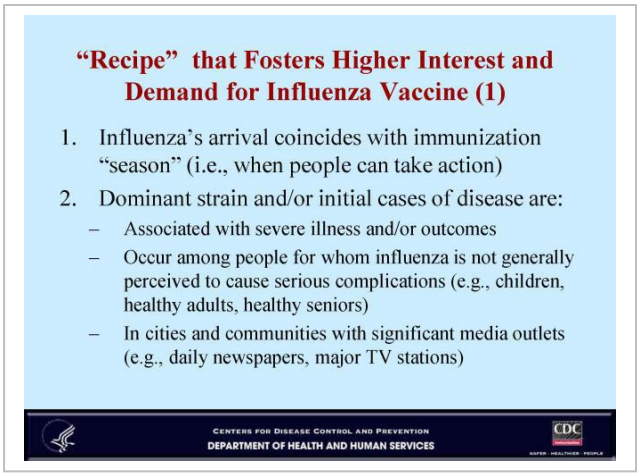
[biff] ... *the following is copied from harper's magazine, 2/28/2006. the article is titled, "viral marketing" (the selling of the flu vaccine). It does not copy very well as the references to power point notes do not show as they do in the article. I say, history repeats, because we are suckers… We are made scared, insecure, too hopeful of govt and big corp, and suspicious of too many of the wrong things. good luck, sheeple*.

=> ref.: Harpers Magazine, March 2006

HARPER'S MAGAZINE

This "recipe," outlined in a PowerPoint presentation, is the U.S. government's public-relations strategy for selling Americans on flu shots. At the 2004 National Influenza Vaccine Summit, Glen, Nowak of the Centers for Disease Control and Prevention (CDC) used these slides to explain how certain messages generate buzz and drive demand. Indeed, the influenza virus has spawned a national industry of late, with President Bush himself asking Congress to fund a $7.1 billion flu "preparedness plan." But in the CDC's aggressive marketing of the shots, the agency has employed dubious statistics and questionable methods, leaving Americans less equipped than ever to gauge the threat rationally. The recipe, as Nowak revealed, relies on creating "concern, anxiety, and worry" – its main ingredient, in other words, is fear. See =>
https://web.archive.org/web/20040604044338/https://www.ama-assn.org/ama1/pub/upload/mm/36/2004_flu_nowak.ppt


Planning for the 2004-05 Influenza Vaccination Season:
A Communication Situation Analysis
Glen Nowak, Ph.D.
Associate Director for Communications
National Immunization Program
Centers for Disease Control and Prevention
Department of Health and Human Services
CDC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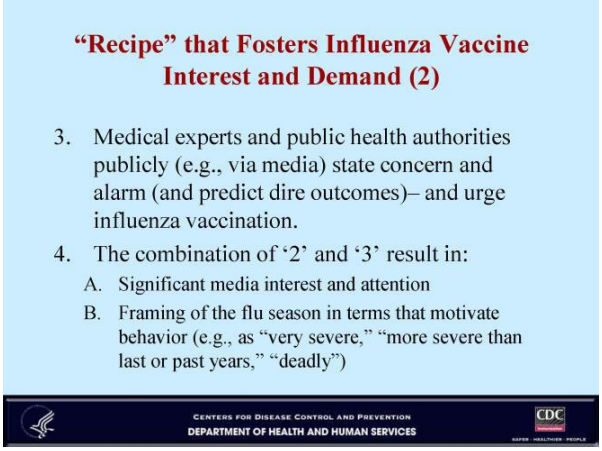
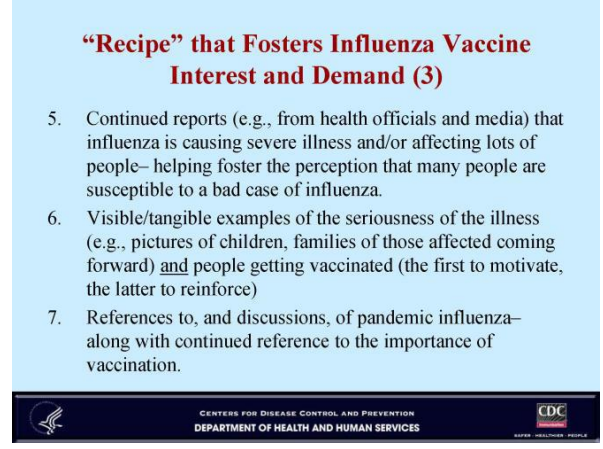
Centers for Disease Control and Prevention
Department of Health and Human Services
CDC


"Recipe" that Fosters Influenza Vaccine Interest and Demand (2)
3. Medical experts and public health authorities publicly (e.g., via media) state concern and alarm (and predict dire outcomes)– and urge influenza vaccination.
4. The combination of '2' and '3' result in:
A. Significant media interest and attention
B. Framing of the flu season in terms that motivate behavior (e.g., as "very severe," "more severe than last or past years," "deadly")
Centers for Disease Control and Prevention
Department of Health and Human Services
CDC


"Recipe" that Fosters Influenza Vaccine Interest and Demand (3)
5. Continued reports (e.g., from health officials and media) that influenza is causing severe illness and/or affecting lots of people– helping foster the perception that many people are susceptible to a bad case of influenza.
6. Visible/tangible examples of the seriousness of the illness (e.g., pictures of children, families of those affected coming forward) and people getting vaccinated (the first to motivate, the latter to reinforce)
7. References to, and discussions, of pandemic influenza– along with continued reference to the importance of vaccination.
Centers for Disease Control and Prevention
Department of Health and Human Services
CDC

Government officials and health experts following the recipe are instructed here to "predict dire outcomes." From a 2002 focus group, the CDC determined that death statistics in its fluprevention literature were "eye catching and motivating." Participants in the study believed "20,000 deaths was compelling, frightening" and "should be part of the headline." In 2003, the agency began announcing that the number of Americans killed each year by flu had surged to 36,000, an 80 percent increase that is now widely reported. Among all flu-prevention messages in the news during the week of 9/21/03, according to Nowak's presentation, "Flu kills 36,000 per year" appeared second most often, just behind "Doctors recommend/urge flu shot." But the 36,000 figure is actually a measure of "flu-associated" fatalities-almost exclusively among the elderly and infirm, whose deaths from other illnesses the CDC thinks might not have occurred without the flu. Records show that only 1,400 deaths a year are attributed to flu.

Another way to "motivate behavior," the recipe notes here, is to describe a flu season as "very severe," "more severe" than previous years, and "deadly" – all terms that had been used to frame the 2003-2004 threat. Yet that winter's flu was later ruled typical and "medium in terms of overall impact." The CDC's mortality figures, also presented as fact, are similarly misleading. Although many health experts contend that flu is a significant cause of wintertime mortality, other scientists argue that its role in these deaths is minor. This uncertainty can be seen on the government's list of the leading causes of death: at seventh place, with 65,681 annual fatalities, is "influenza and pneumonia." When separated out, however, flu is credited with fewer than 750 of the total. The CDC claims that more virulent flu strains and a growing elderly population led to the recent sharp climb in flu-associated deaths, but this too is.suspect. These factors did not cause a corresponding rise in recorded flu deaths, which actually fell 30 percent.

The CDC believes anything that encourages more people to get flu shots-even, as suggested in this step, spreading the notion that all of us could be in serious danger – will result in fewer deaths. But the efficacy of the flu vaccine 'is itself uncertain. Each year hundreds of clinically indistinguishable illnesses are diagnosed as flu, yet COC records show that the influenza virus causes only an eighth of these. It turns out that even the best shots have no effect on at least half the illnesses thought to be flu. Several recent studies have also called into question the fundamental justification for expanded vaccination. After looking at more than three decades of data, scientists at the National Institutes of Health last year concluded, "We could not correlate increasing vaccination coverage after 1980 with declining mortality rates in any age group." And because flu shots contain some level of toxic mercury, there is concern that for some the vaccine might do more harm than good.

Here the recipe emphasizes that the public must be made to grasp the "seriousness of the illness." When 50 million doses of vaccine suddenly became unavailable in 2004, Americans understandably panicked. Health centers were inundated with worried flu-shot seekers, price gouging was reported,

and medical experts predicted a public-health "catastrophe." The CDC, with its knowledge of P.R., downgraded its scary portrayal of the flu to "an annoying illness" from which most people "will recover just fine." It stressed the protective benefits of regular hand washing. And once the alleged crisis abated, the agency returned to its strident communications plan. By the next fall, the CDC director was publicly stating that the flu is not "a benign illness. Many people don't appreciate that it can result in hospitalization, various complications. For about 36,000 people every year, death."

Demand for vaccine is up this year, a trend the CDC attributes in part to its repeated warnings about pandemic influenza. Such accounts of a looming plague are themselves perennial. In 1976 US, officials initiated a plan to vaccinate "every man, woman, and child" for an imminent pandemic of "swine flu." Yet a year later, swine flu had killed at most one person, whereas the vaccine is believed to have caused a debilitating illness. Alan Hinman, former director of the U.S. immunization program, drew what is exactly the wrong lesson from this fiasco: "that expansion to pandemic-level vaccination of the entire population would be much easier if there was an effective, stable, ongoing[flu] vaccination program." In this season's pandemic scare, Congress has responded to Bush's call by passing a bill that allows the government to confer blanket immunity from liability on makers of vaccines. As the wages of fear accrue to pharmaceutical companies, Americans are made into a captive market for vaccines of questionable worth.

[biff] ... Comments:

Just the minuses again – nothing to say….what do you not like in the harper's article? do not like truth that upsets one's glazed over view of reality?

... despite history being a constant with regard to absolute power residing not with the stupid masses, but with a small core of power and wealth brokers, here we are in the so-called age of information…and what do we find? powerless masses made insecure and frightened and suspicious by the owners of mass media and all things that constitute power and real wealth in our society. and, utter failure to be suspicious of the very things that require investigation and suspicion. govt and big corp must be transparent, but they are increasingly opaque; people must be free within the context of responsibility to each other's safety and freedom, but instead, we have been rendered increasingly transparent. it is backward, folks. whsitleblowers are bad; hushed people are good.

... the bigger joke is that there are the simple minded that see a more egalitarian society as totalitarian. and yet, here we are, under a corrupt and unsustainable economic system, ever more under the watchful eye of big brother and big corp, fearful mo f whatever the govt and big corp controlled media tell us to fear, and we think our freedom is not being whitewashed.

good luck, folks. gas prices about to explode…to pay for the latest covid expenses, most of which is lining big corp pockets. the cost of living is going to jump rather largely as a consequence. but fear and one's inability to face discomfort, and instead buy into a calming narrative that is bs, will keep the masses more passive than if there were military on every corner.

hoping i have got it mostly wrong, but history says no, and so do the facts of the day.

good health and luck to all. minus me to the hilt – my signing off gift.

The Christian Science Monitor

Peter Doshi

Selling 'pandemic flu' through a language of fear
Traditional skepticism is missing in discussions of pandemic flu.

The Christian Science Monitor, 21 March 2006
http://www.csmonitor.com/2006/0321/p09s01-coop.html

Americans consider the United States to be a country where debate flourishes. Yet with regard to avian flu, hyped sound bites predominate. When President Bush asked Congress for $7.1 billion toward "pandemic flu preparedness," even his critics replied "not enough." Meanwhile, public health officials seem obsessed with preparing for an impending crisis - even before they have established that doom is truly heading our way.

What is lacking in the overall discussion about pandemic flu is disagreement, criticism, and skepticism – once the bedrock of science – from researchers willing to question and test the data. Further, little has been done to educate the public on what exactly defines a pandemic.

First, some facts: According to the World Health Organization, the first "outbreak" of the H5N1 virus, also known as avian flu, killed six people in 1997 in Hong Kong. Since then, H5N1 has allegedly killed 97 more worldwide, the majority of whom lived in poor, rural areas and had direct contact with dead or sick birds often kept in unsanitary conditions.

These numbers do not suggest the human population faces an insurmountable threat from this virus. Peter Palese, flu scientist at Mount Sinai School of Medicine in New York, told The New York Times in a Nov. 8, 2005, article that H5N1 is a false alarm. The virus has been "around for more than a dozen years, but it hasn't jumped into the human population." The reason? It probably can't. Dr. Palese points to studies of serum collected from rural Chinese populations in 1992. The results indicated that millions of people had natural antibodies to H5N1. This suggests they had been infected and recovered without becoming noticeably or extremely sick - not the outcome one would expect from a virus as feared as this one.

The Centers for Disease Control and Prevention (CDC) estimates that 36,000 deaths in the US occur during an "average" flu season. During the last "flu pandemic" of 1968, however, they state 34,000 Americans died.

In response to an article I recently published in the British Medical Journal, questioning the reliability of US flu death statistics, the CDC countered that "it cannot be assumed a priori that pandemics will cause more mortality than interpandemic seasons." Unfortunately, this information is rarely explained to the general public.

The CDC's statement is echoed by scientists at the National Institutes of Health in Bethesda, Md. "The mild 1968 pandemic was actually exceeded by a few more recent severe A(H3N2) seasons," they say. In other words - technical jargon removed - the annual (nonpandemic) flu season can (and

has often been) more deadly than a pandemic. Despite this, the World Health Organization informs readers that among the top 10 things you should know about pandemic flu: "Large numbers of deaths will occur."

If regular flu seasons can be worse than "pandemics," just what does the word mean? Many people seem unsure. The online Merriam-Webster dictionary reports that "pandemic" was the seventh most frequently looked up word in 2005. But what the dictionary doesn't tell its readers is the definition that flu scientists employ.

To influenza researchers, "a pandemic" occurs when the flu virus in wide circulation has changed more dramatically than the normal seasonal variation. While important to flu virologists, it's not clear what relevance this viral caveat holds for the average American. As historian John Barry recently put it, "The last time a new influenza virus reached pandemic levels was in 1968, but the episode was not significantly deadlier than a typical bad flu season. Few people who lived through it even knew it occurred."

Our healthcare system – and Americans' general state of health - is not in such great shape that little is left to do but spend billions of dollars on fighting so-called killers that may never come or may not have a significant impact if they do.

Certainly public health officials are sincerely interested in our well-being. Dr. Julie Gerberding, director of the CDC, stated in a telephone press conference last fall, "We've been putting an awful lot of attention on pandemic influenza, so influenza is on people's minds, and I think the factor of pandemic influenza is very frightening to people." One begins to wonder whether some officials might not cherish their worst case scenario, and even see vindication in it.

There are better ways to promote America's health than selling sickness through the language of fear. Before the government employs "all instruments of national power," including "quarantine authority," as the National Strategy for Pandemic Influenza declares, we need to be told what "pandemic flu" really means. So far, we have not been given the full story in plain language.

PreventDISEASE.com
Aiming Towards Better Health

IBM Internal Document Outlines Knowledge of Planned Pandemic With 100% Certainty

Prevent Disease, 2006

https://web.archive.org/web/20091105095601/http://preventdisease.com/news/09/110209_ibm_internal_doc_reveals_knowledge_pandemic_2006.shtml

"Services & Global Procurement pan IOT Europe, Pandemic Plan Overview,"an official inter-departmental document was distributed to upper-level management of IBM, France in 2006. Disclosed in this secret document was the prediction of a "planned" pandemic described as having a "100% chance of occurring within the next 5 years."

The document also describes "quarantines"and operational procedures to be taken upon the official announcements of the "pandemic"by the World Health Organization. The foreknowledge of such an event could not exist, unless the pandemic was a planned event.

Certainly, this document is the “smoking gun" which demonstrates the current bird/swine flu "pandemic"is an orchestrated event leading to mass vaccinations sponsored by the WHO and UN.

This single document definitively proves there is international, corporate collusion behind the "bird/swine flu pandemic"and the intentional plan to create disease on a worldwide scale.

As evidenced by this document (see below), IBM's primary concerns are focused on maintaining their workforce, even under an official quarantine, and the continuation of sales and services to their clients.

IBM is considered to be one of the most powerful corporations in the world. They and their subsidiaries helped create enabling technologies, step-by-step, from the identification and cataloging programs of the 1930s to the selections of the 1940s which designed complex solutions for Adolf Hitler during this period.

You can apply a simple search at www.ibm.com/us/en/ for additional documents. Query [pandemic 2006] or [pandemic 2005] for dozens of relevant results on pandemic preparedness and planning.

Teresa Forcades

Crimes and Abuses of the Pharmaceutical Industry

Translation: Gerarda Walsh and Cheryl Waschenko
Barcelona (Spain): Cristianisme I Justícia, 2006
https://archive.org/details/forcades-crimes-abuses

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In the brief period from 2000 to 2003, *almost all the large pharmaceutical companies* went before state tribunals in the USA, *accused of fraudulent practices*.

Eight of these firms were fined over 2.2 billion dollars. Four of these eight companies – TAP Pharmaceuticals, Abbott, AstraZeneca and Bayer- admitted criminal responsibility for activities that put the lives and health of thousands of people at risk1.

What were these activities? And who bore the price? What causes pharmaceutical companies to behave in such a way? What actions have been taken in response to these abuses, and what actions still need to be taken? This booklet will examine the current strategies used by the pharmaceutical industry and the direct impact these strategies have on the way health and illness are defined and on which types of resources are available today to promote health and to prevent or cure disease.

The New York Times

Gina Kolata

Faith in Quick Test Leads to Epidemic That Wasn't

The New York Times, 22 January 2007, p. 1.
https://www.nytimes.com/2007/01/22/health/22whoop.html
https://web.archive.org/web/20111226022430/https://www.nytimes.com/2007/01/22/health/22whoop.html

Correction Appended

Dr. Brooke Herndon, an internist at Dartmouth-Hitchcock Medical Center, could not stop coughing. For two weeks starting in mid-April last year, she coughed, seemingly nonstop, followed by another week when she coughed sporadically, annoying, she said, everyone who worked with her.

Before long, Dr. Kathryn Kirkland, an infectious disease specialist at Dartmouth, had a chilling thought: Could she be seeing the start of a whooping cough epidemic? By late April, other health care workers at the hospital were coughing, and severe, intractable coughing is a whooping cough hallmark. And if it was whooping cough, the epidemic had to be contained immediately because the disease could be deadly to babies in the hospital and could lead to pneumonia in the frail and vulnerable adult patients there.

It was the start of a bizarre episode at the medical center: the story of the epidemic that wasn't.

For months, nearly everyone involved thought the medical center had had a huge whooping cough outbreak, with extensive ramifications. Nearly 1,000 health care workers at the hospital in Lebanon, N.H., were given a preliminary test and furloughed from work until their results were in; 142 people, including Dr. Herndon, were told they appeared to have the disease; and thousands were given antibiotics and a vaccine for protection. Hospital beds were taken out of commission, including some in intensive care.

Then, about eight months later, health care workers were dumbfounded to receive an e-mail message from the hospital administration informing them that the whole thing was a false alarm.

Not a single case of whooping cough was confirmed with the definitive test, growing the bacterium, Bordetella pertussis, in the laboratory. Instead, it appears the health care workers probably were afflicted with ordinary respiratory diseases like the common cold.

Now, as they look back on the episode, epidemiologists and infectious disease specialists say the problem was that they placed too much faith in a quick and highly sensitive molecular test that led them astray.

Infectious disease experts say such tests are coming into increasing use and may be the only way to get a quick answer in diagnosing diseases like whooping cough, Legionnaire's, bird flu, tuberculosis and SARS, and deciding whether an epidemic is under way.

There are no national data on pseudo-epidemics caused by an overreliance on such molecular tests, said Dr. Trish M. Perl, an epidemiologist at Johns Hopkins and past president of the Society of Health Care Epidemiologists of America. But, she said, pseudo-epidemics happen all the time. The Dartmouth case may have been one the largest, but it was by no means an exception, she said.

There was a similar whooping cough scare at Children's Hospital in Boston last fall that involved 36 adults and 2 children. Definitive tests, though, did not find pertussis.

"It's a problem; we know it's a problem," Dr. Perl said. "My guess is that what happened at Dartmouth is going to become more common."

Many of the new molecular tests are quick but technically demanding, and each laboratory may do them in its own way. These tests, called "home brews," are not commercially available, and there are no good estimates of their error rates. But their very sensitivity makes false positives likely, and when hundreds or thousands of people are tested, as occurred at Dartmouth, false positives can make it seem like there is an epidemic.

"You're in a little bit of no man's land," with the new molecular tests, said Dr. Mark Perkins, an infectious disease specialist and chief scientific officer at the Foundation for Innovative New Diagnostics, a nonprofit foundation supported by the Bill and Melinda Gates Foundation. "All bets are off on exact performance."

Of course, that leads to the question of why rely on them at all. "At face value, obviously they shouldn't be doing it," Dr. Perl said. But, she said, often when answers are needed and an organism like the pertussis bacterium is finicky and hard to grow in a laboratory, "you don't have great options."

Waiting to see if the bacteria grow can take weeks, but the quick molecular test can be wrong. "It's almost like you're trying to pick the least of two evils," Dr. Perl said.

At Dartmouth the decision was to use a test, P.C.R., for polymerase chain reaction. It is a molecular test that, until recently, was confined to molecular biology laboratories.

"That's kind of what's happening," said Dr. Kathryn Edwards, an infectious disease specialist and professor of pediatrics at Vanderbilt University. "That's the reality out there. We are trying to figure out how to use methods that have been the purview of bench scientists."

The Dartmouth whooping cough story shows what can ensue.

To say the episode was disruptive was an understatement, said Dr. Elizabeth Talbot, deputy state epidemiologist for the New Hampshire Department of Health and Human Services.

"You cannot imagine," Dr. Talbot said. "I had a feeling at the time that this gave us a shadow of a hint of what it might be like during a pandemic flu epidemic."

Yet, epidemiologists say, one of the most troubling aspects of the pseudo-epidemic is that all the decisions seemed so sensible at the time.

Dr. Katrina Kretsinger, a medical epidemiologist at the federal Centers for Disease Control and Prevention, who worked on the case along with her colleague Dr. Manisha Patel, does not fault the Dartmouth doctors.

"The issue was not that they overreacted or did anything inappropriate at all," Dr. Kretsinger said. Instead, it is that there is often is no way to decide early on whether an epidemic is under way.

Before the 1940s when a pertussis vaccine for children was introduced, whooping cough was a leading cause of death in young children. The vaccine led to an 80 percent drop in the disease's incidence, but did not completely eliminate it. That is because the vaccine's effectiveness wanes after about a decade, and although there is now a new vaccine for adolescents and adults, it is only starting to come into use. Whooping cough, Dr. Kretsinger said, is still a concern.

The disease got its name from its most salient feature: Patients may cough and cough and cough until they have to gasp for breath, making a sound like a whoop. The coughing can last so long that one of the common names for whooping cough was the 100-day cough, Dr. Talbot said.

But neither coughing long and hard nor even whooping is unique to pertussis infections, and many people with whooping cough have symptoms that like those of common cold: a runny nose or an ordinary cough.

"Almost everything about the clinical presentation of pertussis, especially early pertussis, is not very specific," Dr. Kirkland said.

That was the first problem in deciding whether there was an epidemic at Dartmouth.

The second was with P.C.R., the quick test to diagnose the disease, Dr. Kretsinger said.

With pertussis, she said, "there are probably 100 different P.C.R. protocols and methods being used throughout the country," and it is unclear how often any of them are accurate. "We have had a number of outbreaks where we believe that despite the presence of P.C.R.-positive results, the disease was not pertussis," Dr. Kretsinger added.

At Dartmouth, when the first suspect pertussis cases emerged and the P.C.R. test showed pertussis, doctors believed it. The results seem completely consistent with the patients' symptoms.

"That's how the whole thing got started," Dr. Kirkland said. Then the doctors decided to test people who did not have severe coughing.

"Because we had cases we thought were pertussis and because we had vulnerable patients at the hospital, we lowered our threshold," she said. Anyone who had a cough got a P.C.R. test, and so did anyone with a runny nose who worked with high-risk patients like infants.

"That's how we ended up with 134 suspect cases," Dr. Kirkland said. And that, she added, was why 1,445 health care workers ended up taking antibiotics and 4,524 health care workers at the hospital, or 72 percent of all the health care workers there, were immunized against whooping cough in a matter of days.

"If we had stopped there, I think we all would have agreed that we had had an outbreak of pertussis and that we had controlled it," Dr. Kirkland said.

But epidemiologists at the hospital and working for the States of New Hampshire and Vermont decided to take extra steps to confirm that what they were seeing really was pertussis.

The Dartmouth doctors sent samples from 27 patients they thought had pertussis to the state health departments and the Centers for Disease Control. There, scientists tried to grow the bacteria, a process that can take weeks. Finally, they had their answer: There was no pertussis in any of the samples.

"We thought, Well, that's odd," Dr. Kirkland said. "Maybe it's the timing of the culturing, maybe it's a transport problem. Why don't we try serological testing? Certainly, after a pertussis infection, a person should develop antibodies to the bacteria."

They could only get suitable blood samples from 39 patients – the others had gotten the vaccine which itself elicits pertussis antibodies. But when the Centers for Disease Control tested those 39 samples, its scientists reported that only one showed increases in antibody levels indicative of pertussis.

The disease center did additional tests too, including molecular tests to look for features of the pertussis bacteria. Its scientists also did additional P.C.R. tests on samples from 116 of the 134 people who were thought to have whooping cough. Only one P.C.R. was positive, but other tests did not show that that person was infected with pertussis bacteria. The disease center also interviewed patients in depth to see what their symptoms were and how they evolved.

"It was going on for months," Dr. Kirkland said. But in the end, the conclusion was clear: There was no pertussis epidemic.

We were all somewhat surprised," Dr. Kirkland said, "and we were left in a very frustrating situation about what to do when the next outbreak comes."

Dr. Cathy A. Petti, an infectious disease specialist at the University of Utah, said the story had one clear lesson.

"The big message is that every lab is vulnerable to having false positives," Dr. Petti said. "No single test result is absolute and that is even more important with a test result based on P.C.R."

As for Dr. Herndon, though, she now knows she is off the hook.

"I thought I might have caused the epidemic," she said.

thebmj

Michael Day

Drug Industry Sponsorship. Who's funding WHO?

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https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1801033/

WHO guidelines state that it will not accept money from drug companies, but how rigorous is it in enforcing this? Michael Day investigates

Serious questions have been raised about whether the World Health Organization is using patient groups as a conduit for receiving proscribed donations from the pharmaceutical industry. Email correspondence passed to the BMJ seems to show that in June 2006 Benedetto Saraceno, the director of WHO's department of mental health and substance abuse, suggested that a patient organisation accept $10 000 (£5000; €7000) from GlaxoSmithKline (GSK) on WHO's behalf. The sum was then to be passed on to WHO – ostensibly with the intention of obscuring the origins of the donation. GSK withdrew its offer of funding when it learnt that acceptance was conditional on obscuring its origin. However, the email exchange indicates that other sums of money originating from drug companies may have already been channelled to WHO through patient groups.

When asked about this correspondence, Dr Saraceno told the *BMJ* that his email to the patient organisation was "clumsily worded" and that he had "never intended to solicit donations from the pharmaceutical industry through" the patient organisation. In the email dated 16 June 2006, Dr Saraceno thanks Mary Baker of the European Parkinson's Disease Association (EPDA), for raising the $10 000 "requested by the WHO." The money was to have funded a report on neurological diseases, including Parkinson's disease, for which GSK produces treatments.

Dr Saraceno then seems to advise Mary Baker on how to get round the WHO's rules forbidding drug industry funding. "Unfortunately," he says, "WHO cannot receive funds from pharmaceutical industry. Our legal Office will reject the donation. WHO can only receive funds from Government agencies, NGOs, foundations and scientific institutions or professional organisations. Therefore, I suggest that this money should be given to EPDA and eventually EPDA can send the funds to WHO which will give an invoice (and acknowledge contribution) to EPDA, but not to GSK."

He adds: "This is in line with what we have done so far with other contributions to the report which all are coming from other professional organisations," – suggesting that less than transparent transactions were the norm for this fundraising operation.

WHO guidelines

According to paragraph 13 of the WHO's guidelines on interactions with commercial enterprises, which deals with cash donations, "WHO should avoid indirect collaboration (particularly if arranged by a third party acting as an intermediary between WHO and a commercial enterprise)." Paragraphs 15 and 16 of the guidelines state that funds may not be sought or accepted from commercial enterprises that have a direct commercial interest in the outcome of the project and that caution should be exercised even when the business has an indirect interest. And paragraph 27 says that for reasons of transparency, contributions from commercial enterprises must be acknowledged.

Richard Nicholson, editor of the Bulletin of Medical Ethics, said: "It would be very bad indeed if the WHO were trying to obtain money surreptitiously from drugs companies. Unfortunately it's also

under-funded, and sadly there's always going to be the temptation of senior officials who ought to know better than to accept such money. But they should remember that there's always a price attached to such funding."

Even the senior GSK official who offered the money to the EPDA professes outrage at the secretive means by which WHO attempted to obtain the drug company grant. Alastair Benbow, vice president of GSK, withdrew the offer of funding went he learnt of Dr Saraceno's response to GSK's proposed donation. In an email to Mary Baker of 19 June 2006 he said: "Unless I am misreading something here it sounds like they [WHO] will accept funding from you but not from the industry. Worse than this, they will accept funding from you even if they know it originally came from us, in order to bypass their own rules. This is hypocritical in the extreme. It makes a complete mockery of attempts at transparency, which should be welcome, and which the WHO have called for."

Some critics said the vehemence of Dr Benbow's criticism of the WHO reflected the sensitive nature of drug companies' relationship with patient groups. Tim Reid, European director of Health Action International, which campaigns for the rational and ethical use of drugs, said: "Patients groups are so close to the industry, that they might as well be taking their money straight out of the drug company advertising budgets." Graham Dukes, a former head of the WHO's medicines programme for Europe, said: "We know that patient groups are heavily influenced by drug companies. In the case of attention deficit hyperactivity disorder, for example, we know that the industry effectively financed the whole campaign – and we're not absolutely sure the condition actually exists."

Dr Reid added that there were now moves afoot in the European Union to sanction direct to consumer advertising in the form of private-public partnership promotional campaigns. For this reason the industry was keen for everything to be very transparent. "That's not to say we support such a move in Europe," he said. "There may be some degree of transparency, but that doesn't mean it's necessarily a good source of information for consumers."

Backtracking

A copy of Dr Benbow's email was forwarded to Dr Saraceno, who sent a further email to Mary Baker on 20 June seeking to explain his previous email to her. "It is obvious that my reply to your initial message was misunderstood and misinterpreted," he wrote.

"As I stated very clearly in my message to you, WHO cannot receive funds from the pharmaceutical industry, but can receive funds from a variety of other organizations including NGOs, such as EPDA, whenever there is no conflict of interests. My suggestion that GSK should give funds to EPDA might have been clumsily worded; my intention was to convey that EPDA can raise funds for its activities from a variety of sources (including the pharmaceutical industry) and use its funds for a variety of purposes (including giving donations to WHO). This is not the case for WHO.

"At any rate, any donation can only be accepted in accordance with WHO rules and regulations, and precisely this has been the case with all other NGOs whose contributions are extremely useful to the production of the publication 'Neurological Disorders: Public Health Challenges'. Therefore, in order to avoid a perception of conflict of interests for WHO, I would prefer to decline any financial support for this publication, particularly since I have never asked your NGO to mobilize funds from pharmaceutical companies, and I now find myself in a situation that I have not solicited."

When asked about this correspondence, Dr Saraceno told the BMJ: "I was not soliciting any funds. I was in the process of preparing a new report about neurological disease in poor countries, and I was looking for some funding to help with the report and I received an email from the patient group. And the way I reacted was rather stupid. After sending this very unfortunate email I sent another one saying that I had expressed myself in an ambiguous way. I'm strongly against receiving any money from the pharmaceutical industry that would pose a conflict of interest. I started here at the WHO 10 years ago at a time when the mental health division was much closer and more reliant on the pharmaceutical industry, and I've spent ten years trying to stop that."

The *BMJ* also spoke to Mary Baker:

"Dr Saraceno said he needed money for the report and I said I knew where I might be able to get it. I approached GSK, who we've always worked closely with in the past, and they have a clear understanding of transparency. They said they would be able to give us the money for the report. There is absolutely no doubt in my mind that Dr Saraceno knew the $10 000 was coming from GSK and that he was intending to take it and disguise its origins by getting the EPDA to accept it first before passing it on.

"This incident highlights the difficulty facing the WHO in balancing the best interests of patients with a shortfall in funding. Their current policy about not accepting money from pharmaceutical companies is prohibitive in this sense. There needs to be a broader debate about how the WHO, patient groups, and pharmaceutical companies can work together in partnership to produce the best results for patients. The WHO needs to ask itself some serious questions about how it will manage to fund projects in the future."

This is not the first time that questions have been raised about the nature of the relation between the WHO's mental health division and the pharmaceutical industry. In their book, *Medicines Out of Control?* social campaigners Charles Medawar and Anita Hardon documented the controversial links between the WHO's mental health division, the World Psychiatric Association, and the drug industry.[1] In the mid-1990s, at the suggestion of the World Psychiatric Association, the division produced a report that advocated long term use of potentially addictive benzodiazepine drugs.[2] Benzodiazepine manufacturers purchased many copies of the report. And one firm made a $500 000 donation to WHO's mental health division.

Funding pressure

However, as Ralph Edwards, the director of the WHO's drug monitoring centre in Uppsala, Sweden, warns, it wasn't only the mental health division that was being pushed by financial necessity to get closer than was desirable to the drug industry. "These days it's so hard to find anyone completely free of the pharmaceutical industry. A couple of years ago we wanted to publish a safety report on Lapdap [chlorproguanil-dapsone], the combination malaria treatment. The WHO's tropical disease research group had developed the treatment jointly with Glaxo, but Glaxo weren't happy with what we wanted to publish.

"This was a bad situation and it was very, very difficult. We raised the issue with WHO because we thought that there had not been enough safety studies done. We managed to get the report published eventually, after a lot of lobbying and pressure – but it was delayed for more than a year," said Dr Edwards.

"It's an example of how tortuous it is working with pharmaceutical industry money. GSK stated at the time of the dispute that it "totally disagrees with the assertion that there is concern about Lapdap" and maintains that it is "an effective and well-tolerated therapy for the treatment of malaria." The company claimed that "A draft [of the WHO Lapdap report] which GSK was given sight of contained many inaccuracies."

When the BMJ referred its concerns about the Saraceno correspondence to WHO, a spokesman [Q to A can you give his name?] replied: "It's astonishing that the BMJ thinks there's a story here. Dr Saraceno sent a second email saying that he had not meant to ask for the money. So I don't think there's anything to answer."

References

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The Washington Post

Spencer S. Hsu

Bush Changes Continuity Plan
Administration, Not DHS, Would Run Shadow Government

Washington Post, 10 May 2007
https://web.archive.org/web/20110513055449/http://www.washingtonpost.com/wp-dyn/content/article/2007/05/09/AR2007050902719.html

President Bush issued a formal national security directive yesterday ordering agencies to prepare contingency plans for a surprise, "decapitating" attack on the federal government, and assigned responsibility for coordinating such plans to the White House.

The prospect of a nuclear bomb being detonated in Washington without warning, whether smuggled in by terrorists or a foreign government, has been cited by many security analysts as a rising concern since the Sept. 11, 2001, attacks.

The order makes explicit that the focus of federal worst-case planning involves a covert nuclear attack against the nation's capital, in contrast with Cold War assumptions that a long-range strike would be preceded by a notice of minutes or hours as missiles were fueled and launched.

"As a result of the asymmetric threat environment, adequate warning of potential emergencies that could pose a significant risk to the homeland might not be available, and therefore all continuity planning shall be based on the assumption that no such warning will be received," states the 72-paragraph order. It is designated National Security Presidential Directive 51 and Homeland Security Presidential Directive 20.

The statement added, "Emphasis will be placed upon geographic dispersion of leadership, staff, and infrastructure in order to increase survivability and maintain uninterrupted Government Functions."

After the 2001 attacks, Bush assigned about 100 senior civilian managers to rotate secretly to locations outside of Washington for weeks or months at a time to ensure the nation's survival, a shadow government that evolved based on long-standing "continuity of operations plans."

Since then, other agencies including the Pentagon, the Office of the Director of National Intelligence and the CIA have taken steps to relocate facilities or key functions outside of Washington for their own reasons, citing factors such as economics or the importance of avoiding Beltway "group-think."

Norman J. Ornstein, a scholar at the American Enterprise Institute and an adviser to an independent Continuity of Government Commission, said the order "is a more explicit embrace of what has been since 9/11 an implicit but fairly clear set of assumptions." He added, "My frustration is that those assumptions have not gripped the Congress in the same way."

Other former Bush administration officials said the directive formalizes a shift of authority away from the Department of Homeland Security to the White House.

Under an executive order dating to the Reagan administration, responsibility for coordinating, implementing and exercising such plans was originally charged to the Federal Emergency Management Agency and later DHS, the Congressional Research Service noted in a 2005 report on a pending DHS reorganization.

The new directive gives the job of coordinating policy to the president's assistant for homeland security and counterterrorism – Frances Fragos Townsend, who will assume the title of national continuity coordinator – in consultation with Bush's national security adviser, Stephen J. Hadley, with the support of the White House's Homeland Security Council staff. Townsend is to produce an implementation plan within 90 days. Homeland Security Secretary Michael Chertoff will continue to coordinate operations and activities, the directive said.

Raquel Rutledge

Most flu shots contain mercury, but few know it

Experts say vaccine's benefits outweigh potential risk

City of Milwaukee, 12 November 2007
https://city.milwaukee.gov/ImageLibrary/Groups/healthAuthors/DCP/PDFs/grsThimVacc/JSArticleMostflushotscontainmercury.pdf

A record 130 million Americans are expected to get a flu shot this season in hopes of ducking the nasty virus, but as the needle pierces the skin more than 80% will also get what some say is a hefty and dangerous dose of mercury.

The U.S. Centers for Disease Control and Prevention recommends that almost everyone - including pregnant women - get the injection, despite written warnings from the vaccine manufacturers.

Citing an estimated 36,000 deaths a year from the flu and flu-related illness, the mainstream medical community, including the American Academy of Pediatrics and American Lung Association, says the benefits far exceed any risk from the shot.

In a typical year between 5% and 10% of the population will get the flu virus, resulting in roughly 200,000 hospitalizations, according to the CDC. The flu can be especially dangerous for very young children and people 65 and older. Elderly people account for about 90% of all flu-related deaths.

Simply stated: The flu shot saves lives, the CDC says.

Yet a growing number of doctors, scientists and citizen organizations, such as Safe Minds, the Coalition for Mercury-Free Drugs and Moms Against Mercury, say mercury in flu shots has not been proven to be safe and can be linked to neurological disorders and other serious problems. They push for mercury-free shots that are available in limited quantities but that few know about.

"Mercury causes tremendous damage to the brain," said Paul King, scientific adviser for the Coalition for Mercury-Free Drugs.

Mercury is among the most toxic heavy metals and is known to poison the central nervous system, liver, gastrointestinal tract and other systems in the body.

About 80% of all flu shots distributed in the United States contain a mercury-based preservative called thimerosal. Thimerosal consists of 49.6% ethyl mercury, an anti-bacterial, anti-fungal that allows manufacturers to sell the vaccine in large, multi-dose containers without fear of contamination.

The Environmental Protection Agency and federal Food and Drug Administration have not set an exposure limit for ethyl mercury. The FDA says it's continuing its efforts to reduce the exposure of infants, children and pregnant women to mercury from various sources.

The federal agencies have, however, set exposure limits for another organic and closely related form of mercury, methyl mercury - the type that comes from coal-fired power plants and is found in fish. They use that standard when estimating the safety of ethyl mercury.

Doctors and scientists debate the differences of the two forms in terms of how they affect the brain and body, but all agree: Both are toxins.

"Certainly it would be good to have no mercury exposure at all," said Jeanne Santoli, deputy director of immunization services division for the CDC. "But there's no conclusive scientific evidence that the amount of mercury one might get from a flu shot is linked with any neurological development outcome that's negative."

A typical 0.5 milliliter flu shot contains 25 micrograms - or 50,000 parts per billion - of mercury.

The EPA classifies a liquid with 200 parts per billion of mercury as hazardous waste. The limit for drinking water is 2 parts per billion.

Using the standards set for methyl mercury consumption - the kind that's in fish - an average 130-pound person getting the flu shot would exceed the daily limit by more than four times. A 22-pound baby would get more than 25 times the amount of mercury considered safe. And doctors are recommending that many babies and children get two flu shots this season.

A material safety data sheet from Eli Lilly and Co., which no longer makes a flu vaccine, says effects of exposure to thimerosal may include "fetal changes, decreased offspring survival and lung tissue changes. . . . Exposure in utero and in children may cause mild to severe mental retardation and mild to severe motor coordination impairment."

It does not state at what levels of exposure these consequences could occur.

The sheet is dated Dec. 22, 1999.

That same year, the Public Health Service agencies and American Academy of Pediatrics called for the reduction of thimerosal in all children's vaccines as a "precautionary measure." By 2001 it was eliminated from most vaccines, except for the flu shot. Converting to a preservative-free flu shot would take more time.

Effects uncertain

The CDC and National Institutes of Health have commissioned a number of studies looking at vaccine safety and any links vaccines might have with autism. In 2001 the Institute of Medicine reported that the evidence was inadequate to say whether thimerosal caused autism or other disorders. The issue warranted further investigation, the report stated.

Several other studies followed. In 2004, the Institute of Medicine reported that they couldn't find a causal relationship between thimerosal-containing vaccines and autism.

This September another study published in the New England Journal of Medicine was unable to prove a causal relationship between early exposure to thimerosal and neuropsychological outcomes in children ages 7 to 10. It did not address possible links with autism.

Amid all the uncertainty and considering that mercury is a known neurotoxin, several states, such as California, Illinois and New York, have banned thimerosal in vaccines - including the flu shot - given to young children and pregnant women.

Yet every day, in grocery stores, fast food restaurants, pharmacies, at work and elsewhere, people are bombarded with the message to "Shoo the flu" and repeatedly told "the best way to beat the flu is to get a flu shot."

Nothing is ever mentioned about thimerosal.
Nothing is ever said about the manufacturers' warnings for pregnant women.

In late October the American College of Obstetricians and Gynecologists reminded all pregnant women to get the flu shot.

"Flu vaccination is an essential part of prenatal care that provides protection to both women and their babies," the organization wrote in a press release.

Yet the country's largest maker of the flu vaccine, Sanofi Pasteur, in its own literature distributed in package inserts with the vaccine, specifically states:

"Animal reproduction studies have not been conducted with Influenza Virus Vaccine. It is also not known whether Influenza Virus Vaccine can cause fetal harm when administered to a pregnant woman or can affect reproduction capacity. Influenza Virus Vaccine should be given to a pregnant woman only if clearly needed."

The same warning appears on package inserts for vaccines that do not contain thimerosal.

Other flu vaccine makers include similar warnings in package inserts for both types of flu shots.

Novartis, maker of Fluzone, goes on to instruct that the "clinical judgment of the attending physician should prevail at all times in determining whether to administer the vaccine to a pregnant woman."

Yet physicians aren't present at most flu clinics. So, many, such as Aurora Health Care's Visiting Nurse Association, rely on information from the federal government and medical associations.

"The CDC recommends all pregnant women get them," said Lisa Taylor, a registered nurse and clinical coordinator for Aurora Health Care's Shoo the Flu program, which will vaccinate an estimated 90,000 people around southeastern Wisconsin this season.

The CDC cites one study supporting its claim that the vaccination is safe for pregnant women - a 1973 study designed primarily to look at tumors in children up to 1 year old whose mothers received a polio vaccination. It included a sentence stating that one child of more than 2,000 mothers vaccinated with the flu vaccine had a spinal cord tumor.

"It's ridiculous," said David Ayoub, a physician and medical director of Springfield, Ill.-based Prairie Collaborative for Immunization Safety, a group concerned about mercury in vaccinations. "It's a big, big deception.

"Half the kids could have died, but the study never would have shown that because they were specifically looking for tumors," said Ayoub, co-author of "Influenza Vaccination During Pregnancy: A Critical Assessment of the Recommendations of the Advisory Committee on Immunization Practices," published in the Journal of American Physicians and Surgeons in 2006.

Still the CDC defends the study, calling it "relevant" and says other studies also demonstrate the vaccine's safety during pregnancy.
"If there was any evidence that this is unsafe in pregnancy, it's likely the (CDC's advisory committee) would not be recommending it," said Anthony Fiore, a medical epidemiologist with the CDC. "It's a vaccine that's been given to pregnant women for decades."

Fiore also acknowledged that not enough is known about its safety.

"We would love to have better data on flu vaccine safety in all types of persons," he said.

Grass-roots groups, such as the North Carolina-based Moms Against Mercury, say it is just that lack of data that stokes their opposition to mercury-laden inoculations recommended for the masses.

"They are putting out a lot of false information about its safety," said Amy Carson, founder of the non-profit group.

Some thimerosal-free

Vaccine manufacturers such as Sanofi Pasteur, MedImmune and Novartis say they're ramping up production of thimerosal-free vaccines but don't have capacity to convert all the flu shots immediately.

"Our ultimate goal is to be entirely (preservative)-free," said Sanofi Pasteur spokeswoman Patricia Tomsky. "But it takes more time and effort to make single doses."

A thimerosal-free vaccine costs roughly $3 to $4 more per shot, Tomsky said.

The Wisconsin Department of Health and Human Services said about one third of its supply this flu season will be thimerosal-free. People need to ask for it, if they want it, health officials say.

But many people aren't aware that mercury is in the flu shot.

"I didn't know," said Kate Strzok, a 23-year-old Oak Creek woman, as she walked out of the Piggly Wiggly where she had just gotten the flu shot. "Interesting that they don't tell you."

The Commonwealth of Massachusetts

In the Year Two Thousand and Nine.

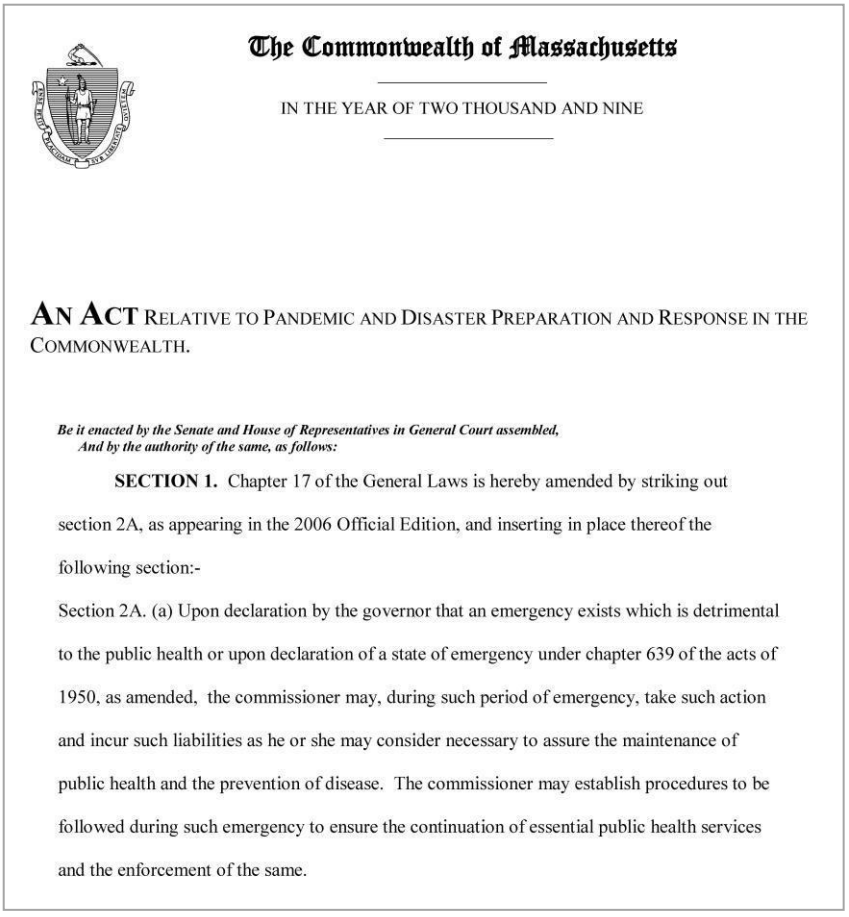
Richard T. Moore

An Act Relative to Pandemic and Disaster Preparation and Response in The Commonwealth.

SENATE, No. 2028, Senate, 6 April 2008

https://web.archive.org/web/20090902062420/http://www.mass.gov/legis/bills/senate/186/st02/st02028.htm
https://web.archive.org/web/20090903180650/http://www.mass.gov/legis/bills/senate/186/st02pdf/st02028.pdf

The committee on Healthcare Financing, to whom was referred the petition (accompanied by petitions, Senate, No. 18 and House, No. 108), relative to pandemic preparation and response in the Commonwealth, reported, recommending that the same ought to pass, with an amendment substituting a new draft of the same title (Senate, No. 2028).



The Commonwealth of Massachusetts

IN THE YEAR OF TWO THOUSAND AND NINE

AN ACT RELATIVE TO PANDEMIC AND DISASTER PREPARATION AND RESPONSE IN THE COMMONWEALTH.

Be it enacted by the Senate and House of Representatives in General Court assembled, And by the authority of the same, as follows:

SECTION 1. Chapter 17 of the General Laws is hereby amended by striking out section 2A, as appearing in the 2006 Official Edition, and inserting in place thereof the following section:-

Section 2A. (a) Upon declaration by the governor that an emergency exists which is detrimental to the public health or upon declaration of a state of emergency under chapter 639 of the acts of 1950, as amended, the commissioner may, during such period of emergency, take such action and incur such liabilities as he or she may consider necessary to assure the maintenance of public health and the prevention of disease. The commissioner may establish procedures to be followed during such emergency to ensure the continuation of essential public health services and the enforcement of the same.

U.S. NORTHERN COMMAND

Sgt. 1st Class Gail Braymen

HCOM contributes pandemic flu contingency planning expertise to trilateral workshop

NORAD and USNORTHCOM Public Affairs, 14 April 2008

https://web.archive.org/web/20080421175154/http://www.northcom.mil/news/2008/041408.html

Peterson Air Force Base, Colo. – Rules, regulations and red tape can make traveling from one country to another tedious and time-consuming for people. Diseases, on the other hand, can cross borders without passports, visas or even reservations.

That ease of movement, combined with modern transportation that can move people from one hemisphere to another in a matter of hours, has made dealing with a potentially international pandemic a major concern of the United States – South Korea – Japan Trilateral Workshop. The latest workshop, held earlier this year on South Korea's Jeju Island, was the fourth in a series that was first hosted in Tokyo in 2006.

U.S. Northern Command, at the request of the Institute for Defense Analyses, has participated in the Trilateral Workshop since the beginning, contributing its expertise in pandemic influenza contingency planning, among other subjects. Army Brig. Gen. Robert Felderman, deputy director of USNORTHCOM's Plans, Policy and Strategy Directorate, attended the Jeju Island workshop and presented a briefing on the command's pandemic influenza plan.

"USNORTHCOM is the global synchronizer – the global coordinator – for pandemic influenza across the combatant commands," Felderman said. "Also, the United States in 1918 had the Spanish influenza. We were the ones who had the largest response to [a pandemic] in more recent history. So I discussed what we did then, what we expect to have happen now and the numbers that we would expect in a pandemic influenza."

The potential number of fatalities in the United States in a modern pandemic influenza could reach nearly two million, according to Felderman. Not only would the nation's economy suffer, but the Department of Defense would still have to be ready and able to protect and defend the country and provide support of civil authorities in disaster situations. While virtually every aspect of society would be affected, "the implications for Northern Command will be very significant."

"[A pandemic would have] a huge economic impact, in addition to the defense-of-our-nation impact," Felderman said.

The United States isn't alone in preparing for such a potential catastrophe.

"[The workshop organizers] wanted pandemic influenza to be the focal point for this meeting because it's something that all three nations have in common, and all three nations are in the planning phase for this," said David Koster, deputy chief of the Joint Readiness Division in the North American Aerospace Defense Command and USNORTHCOM Training and Exercise Directorate. "That kind

of shared experience serves as a common denominator, and it really does help break the ice because it gives everyone something very familiar to discuss."

Koster, who has attended three of the four Trilateral Workshops, said that, despite the cultural, political and functional differences among the three participating countries, their solutions to problems are often surprisingly similar.

"The structure of the workshop was that questions were posed by the facilitators, and the three nations split off into three different teams to discuss and find their unique solution to the problem that's been posed," Koster explained. "When we'd come back together and brief our answers, we'd often find that the Japanese or the Koreans, or perhaps both, had the same solutions as we did. So the differences in the cultures were often superseded by the issues at hand."

The workshops not only give representatives from the three countries the opportunity to brainstorm answers to hypothetical questions, but to learn more about each other.

"It gives us a good understanding of the other nations – of governments and what sort of processes they have to go through, and their bureaucracy compared to our bureaucracy," Koster said.

The four Trilateral Workshops in the past two years have also laid the groundwork for more permanent, ongoing working groups scheduled to be established this year. And the three countries plan to interact and communicate more actively.

"We're intending to share experiences by sending observers to each other's exercises." Koster said. "We're also intending to create a trilateral portal that will allow us to collaborate electronically. And that's brand-new, a result of the discussions at these workshops."

U.S. Northern Command was established on Oct. 1, 2002, to anticipate and conduct homeland defense and civil support operations within the assigned area of responsibility to defend, protect, and secure the United States and its interests.

MIT news

Study challenges notion of 'pandemic' flu

CDC-labeled pandemics no deadlier than seasonal influenza

MIT (Massachusetts Institute of Technology), 11 April 2008

https://web.archive.org/web/20090502140838/http://web.mit.edu/newsoffice/2008/pandemic-0411.html

MIT grad student's study challenges notion of 'pandemic' flu

MIT (Massachusetts Institute of Technology), 16 April 2008, 52(23): 7

https://web.archive.org/web/20090102224406/http://web.mit.edu/newsoffice/2008/techtalk52-23.pdf

The widespread assumption that pandemic influenza is an exceptionally deadly form of seasonal, or nonpandemic, flu is hard to support, according to a new study in the May issue of the American Journal of Public Health.

The study challenges common beliefs about the flu – in particular, the Centers for Disease Control and Prevention claim that "the hallmark of pandemic influenza is excess mortality."

Peter Doshi, a graduate student in the History, Anthropology, and Science, Technology and Society Program at MIT, based his study on an analysis of more than a century of influenza mortality data. He found that the peak monthly death rates in the 1957-1958 and 1968-1969 pandemic seasons were no higher than – and were sometimes exceeded by – those for severe nonpandemic seasons.

Doshi says the pandemic-equals-extreme-mortality concept appears to be a generalization of a single data point: the 1918 season, a period in which "doctors lacked intensive care units, respirators, antiviral agents and antibiotics." He argues that "had no other aspect of modern medicine but antibiotics been available in 1918, there seems good reason to believe that the severity of this pandemic would have been far reduced."

As may be expected given improvements in living conditions, nutrition and other public health measures, influenza death rates substantially declined across the 20th century. Doshi calculates an 18-fold decrease in influenza deaths between the 1940s and 1990s, a trend that began far before the introduction of widespread vaccination.

Noting the gap between evidence and fear, Doshi identifies possible reasons that pandemic flu might be so misunderstood, including the possibility that commercial interests may be playing a role in inflating the perceived impact of pandemics. With public policies such as universal vaccination being discussed and more than $5 billion of federal money spent on preparing for the next pandemic, the study raises many important questions of public policy.

"Should the trends observed over the 20th century continue to hold in the 21st, the next influenza pandemic may be far from a catastrophic event," he concludes.

MIT
Volume 52, Number 23
Wednesday, April 16, 2008
TechTalk
SERVING THE MIT COMMUNITY

AJRCCM
American Journal of Respiratory and Critical Care Medicine
Publishes the most innovative research, highest quality reviews, clinical trials, guidelines, and statements in pulmonary, critical care, and sleep-related fields

Dean T Eurich, Thomas J Marrie, Jennie Johnstone, Sumit R Majumdar

Mortality reduction with influenza vaccine in patients with pneumonia outside "flu" season: pleiotropic benefits or residual confounding?

Am J Respir Crit Care Med. 12 June 2009 / 1 September 2008; 178(5):527-33.
doi: 10.1164/rccm.200802-282OC. Epub 2008 Jun 12. PMID: 18556629.

Abstract

Rationale: Observational studies suggest a 50% mortality reduction for older patients receiving influenza vaccination; some deem this magnitude of benefit implausible and invoke confounding by the "healthy user effect" as an alternate explanation.

Objectives: To evaluate unrecognized confounding by hypothesizing the presence of a 50% mortality reduction with vaccination for patients with pneumonia outside of influenza season.

Methods: Clinical, laboratory, and functional data were prospectively collected on 1,813 adults with community-acquired pneumonia admitted to six hospitals outside of influenza season in the Capital Health region (AB, Canada). Vaccination status was ascertained by interview and chart review. Outcome was in-hospital mortality. Influenza-vaccinated patients were matched to a nonvaccinated control using propensity scores, and then multivariable regression was used to determine the independent association between vaccination and mortality.

Measurements and main results: The cohort consisted of 352 vaccine recipients and 352 matched control subjects. Most (85%) patients were 65 years or older, 29% had severe pneumonia, and 12% died. Influenza vaccination was associated with a 51% mortality reduction (28 of 352 [8%] died vs. 53 of 352 [15%] control subjects; unadjusted odds ratio [OR], 0.49; 95% confidence interval [CI], 0.30-0.79; P = 0.004) outside influenza season. Adjustment for age, sex, and comorbidities did not alter these findings (adjusted OR, 0.45; 95% CI, 0.27-0.76). More complete adjustment for confounding (e.g., functional and socioeconomic status) markedly attenuated these benefits and their statistical significance (adjusted OR, 0.81; 95% CI, 0.35-1.85; P = 0.61).

Conclusions: The 51% reduction in mortality with vaccination initially observed in patients with pneumonia who did not have influenza was most likely a result of confounding. Previous observational studies may have overestimated mortality benefits of influenza vaccination.

REUTERS

Flu shot does not cut risk of death in elderly

Reuters, 30 August 2008, 12:47
https://www.reuters.com/article/us-flu-elderly-idUSHAR96014920080829

New York (Reuters Health) – While influenza vaccination does provide protection against catching the flu, it does not have a major impact on death in the elderly, contrary to what some studies have suggested, a new study suggests.

In prior studies, an impressive 50 percent reduction in death from any cause had been noted in elderly people who got a flu shot, but some researchers were skeptical of this degree of benefit, suggesting that it may have been the result of the "healthy user effect." The new study supports this line of thinking.

The study included more than 700 elderly people, half of whom had gotten a flu shot and half of whom had not. After controlling for a variety of factors that were largely not considered or simply not available in previous studies, the researchers concluded that any death benefit "if present at all, was very small and statistically non-significant and may simply be a healthy-user artifact that they were unable to identify."

"The healthy-user effect," study chief Dr. Sumit Majumdar of the University of Alberta in Edmonton, Canada explained in a statement, "is seen in what doctors often refer to as their 'good' patients – patients who are well-informed about their health, who exercise regularly, do not smoke or have quit, drink only in moderation, watch what they eat, come in regularly for health maintenance visits and disease screenings, take their medications exactly as prescribed - and quite religiously get vaccinated each year so as to stay healthy. Such attributes are almost impossible to capture in large scale studies using administrative databases."

"Over the last two decades in the United Sates, even while (flu) vaccination rates among the elderly have increased from 15 to 65 percent, there has been no commensurate decrease in hospital admissions or all-cause mortality," added co-investigator Dr. Dean T. Eurich, who is also with the University of Alberta.

"Further, only about 10 percent of winter-time deaths in the United States are attributable to influenza, thus to suggest that the vaccine can reduce 50 percent of deaths from all causes is implausible in our opinion," he added.

The study involved 352 patients given the vaccine and 352 matched control subjects. Overall, 85 percent of patients were over 64 years of age. Severe pneumonia was seen in 29 percent of patients and 12 percent of the patients died.

Flu vaccination was, in fact, associated with reduced mortality of about 50 percent (8 percent vs. 15 percent mortality in the vaccinated and unvaccinated groups, respectively), and this finding did not change after accounting for age, gender, or co-existing illnesses.

However, after adjusting for other potential confounders, including functional and socioeconomic status, the mortality reduction was weakened and no longer statistically significant.

"Previous studies were likely measuring a benefit not directly attributable to the vaccine itself, but something specific to the individuals who were vaccinated – a healthy-user benefit or frailty bias," Eurich concluded in a statement.

ScienceDaily

Flu shot does not reduce risk of Death, research shows

American Thoracic Society, ScienceDaily, 31 August 2008
https://www.sciencedaily.com/releases/2008/08/080829091323.htm

Summary:
The widely-held perception that the influenza vaccination reduces overall mortality risk in the elderly does not withstand careful scrutiny, according to researchers. The vaccine does confer protection against specific strains of influenza, but its overall benefit appears to have been exaggerated by a number of observational studies that found a very large reduction in all-cause mortality among elderly patients who had been vaccinated.

The study included more than 700 matched elderly subjects, half of whom had taken the vaccine and half of whom had not. After controlling for a wealth of variables that were largely not considered or simply not available in previous studies that reported the mortality benefit, the researchers concluded that any such benefit "if present at all, was very small and statistically non-significant and may simply be a healthy-user artifact that they were unable to identify."

"While such a reduction in all-cause mortality would have been impressive, these mortality benefits are likely implausible. Previous studies were likely measuring a benefit not directly attributable to the vaccine itself, but something specific to the individuals who were vaccinated – a healthy-user benefit or frailty bias," said Dean T. Eurich,Ph.D. clinical epidemiologist and assistant professor at the School of Public Health at the University of Alberta. "Over the last two decades in the United Sates, even while vaccination rates among the elderly have increased from 15 to 65 percent, there has been no commensurate decrease in hospital admissions or all-cause mortality. Further, only about 10 percent of winter-time deaths in the United States are attributable to influenza, thus to suggest that the vaccine can reduce 50 percent of deaths from all causes is implausible in our opinion."

Dr. Eurich and colleagues hypothesized that if the healthy-user effect was responsible for the mortality benefit associated with influenza vaccination seen in observational studies, there should also be a significant mortality benefit present during the "off-season".

To determine whether the observed mortality benefits were actually an effect of the flu vaccine, therefore, they analyzed clinical data from records of all six hospitals in the Capital Health region in Alberta. In total, they analyzed data from 704 patients 65 years of age and older who were admitted to the hospital for community-acquired pneumonia during non-flu season, half of whom had been vaccinated, and half of whom had not. Each vaccinated patient was matched to a non-vaccinated patient with similar demographics, medical conditions, functional status, smoking status and current prescription medications.

In examining in-hospital mortality, they found that 12 percent of the patients died overall, with a median length of stay of approximately eight days. While analysis with a model similar to that employed by past observational studies indeed showed that patients who were vaccinated were about half as likely to die as unvaccinated patients, a finding consistent with other studies, they found a striking difference after adjusting for detailed clinical information, such as the need for an advanced directive, pneumococcal immunizations, socioeconomic status, as well as sex, smoking,

functional status and severity of disease. Controlling for those variables reduced the relative risk of death to a statistically non-significant 19 percent.

Further analyses that included more than 3,400 patients from the same cohort did not significantly alter the relative risk. The researchers concluded that there was a difficult to capture healthy-user effect among vaccinated patients.

"The healthy-user effect is seen in what doctors often refer to as their 'good' patients – patients who are well-informed about their health, who exercise regularly, do not smoke or have quit, drink only in moderation, watch what they eat, come in regularly for health maintenance visits and disease screenings, take their medications exactly as prescribed – and quite religiously get vaccinated each year so as to stay healthy. Such attributes are almost impossible to capture in large scale studies using administrative databases," said principal investigator Sumit Majumdar, M.D., M.P.H., associate professor in the Faculty of Medicine & Dentistry at the University of Alberta.

The finding has broad implications:

- **For patients**: People with chronic diseases such as chronic respiratory diseases such as chronic obstructive pulmonary disease, immuno-compromised patients, healthcare workers, family members or friends who take care of elderly patients and others with greater exposure or susceptibility to the influenza virus should still be vaccinated. "But you also need to take care of yourself. Everyone can reduce their risk by taking simple precautions," says Dr. Majumdar. "Wash your hands, avoid sick kids and hospitals during flu season, consider antiviral agents for prophylaxis and tell your doctor as soon as you feel unwell because there is still a chance to decrease symptoms and prevent hospitalization if you get sick – because flu vaccine is not as effective as people have been thinking it is."
- **For vaccine developers**: Previously reported mortality reductions are clearly inflated and erroneous–this may have stifled efforts at developing newer and better vaccines especially for use in the elderly.
- **For policy makers**: Efforts directed at "improving quality of care" are better directed at where the evidence is, such as hand-washing, vaccinating children and vaccinating healthcare workers.

Finally, Dr. Majumder said, the findings are a reminder to researchers that "the healthy-user effect is everywhere you don't want it to be."

The results will appear in the first issue for September of the American Journal of Respiratory and Critical Care Medicine, a publication of the American Thoracic Society.

Claudia Kalb

Stomping Through A Medical Minefield

Newsweek / AUCD, 27 October 2008 // 3 November 2008
https://www.aucd.org/template/news.cfm?news_id=3200&id=1284&parent=1284

Paul Offit-salt-and-pepper hair, wire-rimmed glasses, Phillies fan--hardly seems like the kind of guy who'd receive a death threat. He's a father who likes to hang out with his teenage kids, a doctor who wears khakis until they're frayed. But Offit, chief of infectious diseases at Children's Hospital of Philadelphia and the nation's most outspoken advocate for childhood immunizations, is at the center of a white-hot medical controversy. He believes passionately in the safety of vaccines; his enemies, many of them parents who blame these shots for their children's autism, do not. Offit says he's been harassed in public, and received threatening letters, e-mails, and phone calls. One August morning, his wife, Bonnie, sent him a message before he spoke at a New York press conference promoting vaccination. Worried that protesters rallying outside the event might turn violent, she warned: "Be careful."

Immunologists were hardly the target of such wrath when Offit, 57, entered the field almost 30 years ago. But today, frustrations and fears about a mysterious brain disorder that strikes up to one in 150 kids have given rise to the most angry and divisive debate in medicine: do vaccines trigger autism? Offit, a vaccine inventor, says "no." His critics, who vilify him routinely on autism Web sites, say the question is still very much open. They think he's arrogant and a mouthpiece for Big Pharma. One recent post: "Offit should be prosecuted for crimes against our children." After the death threat – a man wrote, "I will hang you by your neck until you are dead" – an armed guard followed Offit to lunch during meetings at the Centers for Disease Control and Prevention.

But the scientist refuses to back down. In his new book, "Autism's False Prophets: Bad Science, Risky Medicine, and the Search for a Cure," Offit takes on his critics full-force, challenging them to prove the science wrong. Fearing for his safety, he isn't doing a book tour. "People think of me as this wild-eyed maniac," Offit says. "If I sat down with them for 10 minutes, they'd see that my motivation is the same as theirs. You want what's best for kids." Asked how he ranks the intensity of the vitriol aimed at him, Offit says simply, "Abortion, doctors who perform abortions."

Nobody's firebombing pediatricians' offices, and there's no moral dilemma here about when life begins. But the overarching question – what happened to my baby?--is still impossible to answer, and the anger is real and it's deep. Some parents of children with autism tell stories with an eerily similar start: an infant who was happy and healthy until she got her shots. Then, suddenly, she lost eye contact and language. Parents' dreams for their babies are buried in sadness, their pockets are emptied to pay for therapies, their worries about their children's future haunt them even as they're trying to get through the screaming, splattered minutes of the day.

Parents of children with autism are a diverse group. Many don't believe vaccines are to blame; they'd like to see attention shifted to better services for their children. But those who think vaccines are the culprit will continue to fight a government and pharmaceutical industry they do not trust. Such concerns have spread beyond the autism community. Choice has become a critical issue; a few weeks ago, parents rallied outside the New Jersey State House, protesting the state's requirement that the flu vaccine be given to children attending day care or preschool. (The parents support

legislation that would let them opt out.) A recent CDC survey found that less than 1 percent of American toddlers received no vaccines at all by 19 to 35 months. But some parents are skipping certain shots or staggering the government's recommended schedule, a move that scientists worry could lead to increased outbreaks. This summer, the CDC reported 131 cases of measles, the largest number since 1996. Many of those kids' parents, says a CDC spokesman, were concerned about vaccine safety.

Offit's book is a critical assessment of the theories that have swirled around autism, the therapies marketed to fix it, and the people – the "false prophets" - who he says have taken emotional and financial advantage of parents seeking a cure. Few scientists are willing to touch this third rail of science publicly; Offit grabs it with two hands. He documents "false promises," like secretin, a hormone derived from pigs that was said to improve symptoms. He dissects hypotheses that gave rise to fears – first, that the measles-mumps-rubella vaccine causes autism and later, that thimerosal, a mercury-containing preservative, is the culprit – then lays out the evidence against them, including more than a dozen studies showing no link. He lambastes the lawyers, doctors, media, politicians, and celebrities who he says have fueled the anxiety. The notion that vaccines cause autism, he writes, has "been clearly disproved."

...

Recently, Offit set off a flurry of angry postings when he said that a *baby's immune system could handle as many as 10,000 vaccines*. Then he upped the ante, saying it was probably "*closer to 100,000*." Offit's assessment is based on data showing the vast capacity of a child's immunological response. Parents who worry that children are getting too many shots too soon (the CDC schedule calls for about 28 immunizations against 14 diseases by age 2) were incensed. "Let's see how many of these vaccinations Offit can withstand. May I administer the 10,001st?" wrote one user on AgeofAutism.com. The outrage is triggered by Offit's approach, says Dan Olmsted, Age of Autism's editor: "He basically says the case is closed. He's very dismissive of anyone who disagrees." And critics charge that Offit, one of three patent holders of a vaccine against rotavirus – which causes severe diarrhea and kills half a million children a year worldwide – is dependent on drug companies and motivated by greed. They call him "Dr. Proffit."

Offit isn't apologizing. He acknowledges that he got a "small percentage" of the $182 million Children's Hospital of Philadelphia received when it sold its interest in future royalties for the vaccine RotaTeq. (He won't give a precise amount, but says "it's like winning the lottery.") And he has served as both a paid and unpaid member of a scientific advisory board at Merck, which makes RotaTeq. Drug companies routinely hire experts as consultants, despite concerns by some that these relationships can undermine scientific credibility. But Offit says money has never been his motivator. At the age of 5, he spent three weeks in a polio ward, where he was housed to recover from clubfoot surgery. "It caused me to see children as very vulnerable and helpless and, I think, drove me through the 25 years of the development of the rotavirus vaccine," says Offit. Frankie Milley, who started a national organization called Meningitis Angels after losing her 18-year-old son, Ryan, to the disease, says Offit readily hands out his number to parents concerned about vaccine safety. "He truly hurts for children who are suffering or who have died," she says.

Scientific studies cannot prove a negative, so researchers must be cautious in the language they use to describe results. Because Offit refuses to garble the message, fellow scientists say, he is the perfect target. "He happens to be blessed with the gift of gab, and he's been willing to step up and be in the battle," says Dr. Edgar Marcuse, a pediatrician at Seattle Children's. "It requires a kind of offense and aggressiveness that's absolutely necessary to set the record straight." Dr. Peter Hotez, a professor and vaccine researcher at George Washington University, says government health officials should take a bolder stand in reassuring the public. Hotez feels as strongly as Offit does about the science (saying vaccines cause autism, he says, "is like saying the world is flat"), but, like other busy scientists, he's less willing to enter the fray. "Here's someone who has created an invention that saves hundreds of lives every day," says Hotez, whose daughter, 15, has autism, "and he's vilified as someone who hates children. It's just so unfair."

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BOSTON.COM

Stephen Smith

Boston launches flu shot tracking
City to pinpoint areas of low rates of vaccination

Boston.com, 21 November 2008
https://web.archive.org/web/20090803091728/http://www.boston.com/news/local/massachusetts/articles/2008/11/21/boston_launches_flu_shot_tracking/
https://web.archive.org/web/20090804090328/http://www.boston.com/news/local/massachusetts/articles/2008/11/21/boston_launches_flu_shot_tracking?page=2

Using technology originally developed for mass disasters, Boston disease trackers are embarking on a novel experiment - one of the first in the country - aimed at eventually creating a citywide registry of everyone who has had a flu vaccination.

The resulting vaccination map would allow swift intervention in neighborhoods left vulnerable to the fast-moving respiratory illness.

The trial starts this afternoon, when several hundred people are expected to queue up for immunizations at the headquarters of the Boston Public Health Commission. Each of them will get a bracelet printed with a unique identifier code. Information about the vaccine's recipients, and the shot, will be entered into handheld devices similar to those used by delivery truck drivers.

Infectious disease specialists in Boston and elsewhere predicted that the registry approach could prove even more useful if something more sinister strikes: a bioterrorism attack or the long-feared arrival of a global flu epidemic. In such crises, the registry could be used to track who received a special vaccine or antidote to a deadly germ.

"Anything you can do to better pinpoint who's vaccinated and who's not, that's absolutely vital," said Michael Osterholm, director of the Center for Infectious Disease Research & Policy at the University of Minnesota. "I wish more cities were doing this kind of thing."

Boston is believed to be the first city to embrace this particular approach to tracking vaccinations against the seasonal flu, estimated to kill 36,000 people each year in the United States, principally the elderly.

But when Boston bought the monitoring system from a Milwaukee company in 2006, emergency authorities had a far different use in mind: tracking people injured in big fires, plane crashes, or other disasters.

"When there's a large catastrophic event, people end up in a variety of healthcare facilities," said Dr. Anita Barry, Boston's director of communicable disease control. "Of course, their family members and loved ones are trying to find out where they are and how they're doing."

To see how well the system would work, emergency crews tested it at the Boston Marathon and the Fourth of July extravaganza on the Esplanade. The trial proved successful.

"If we can make it work in the Boston Marathon medical tent, then you have to think about making it so that it can work in other environments as well - whether it's a community clinic or a doctor's office or a flu shot clinic," said Rich Serino, chief of Boston Emergency Medical Services. Thus, the idea to use the registry as a flu vaccine tracker was born.

Every autumn in medical offices across the country, flu vaccine floods in. The perishable medical product must be delivered to millions in a matter of months.

Keeping track of that cache of vaccine - and which patients are getting it - is a daunting proposition.

In some medical offices, the information is entered into electronic medical records. At Boston's health department, nurses fill out paper forms.

But there's never been any way to systematically monitor whether, for example, Dorchester has lower vaccination rates than the North End.

"When you're working in one clinic, you don't have a good sense of that," said Dr. Alfred DeMaria, top disease doctor at the Massachusetts Department of Public Health. "But if you're tracking multiple clinics in real time, you can see where the uptake is better and where it's less, and then focus on outreach."

Today's experiment, which does not require any additional direct spending, is a first step toward that.

When people arrive for their shots, they will get an ID bracelet with a barcode. Next, basic information - name, age, gender, address - will be entered into the patient tracking database. There will be electronic records, too, of who gave the vaccine and whether it was injected into the right arm or the left, and time-stamped for that day.

The resulting trove of data could be used to figure out why some patients had to wait longer than others to be vaccinated. "When all is said and done," said Jun Davantes, director of product management at EMSystems, the company that makes the technology, "Boston will be able to identify where there are certain bottlenecks in the process and hopefully improve it the next time around."

Ultimately, city health authorities said, they envision creating a network across the city that would allow public and private providers of flu shots to add data to a registry.

But acknowledging patients' privacy concerns, officials promised that if a citywide system were implemented, only a limited amount of information would be gathered - all sitting behind an encrypted firewall.

"I have had people say, 'Oh, that's so big brother,' " said Laura Williams, EMS deputy chief of staff. "But in truth, the unique identifier is unique to the incident. It's not like you will go to the hospital, and they'll say, 'You're the one who got the flu vaccine at 10 o'clock yesterday at the Boston Public Health Commission.' "

The New York Times

Robert Mackey

Lessons From the Non-Pandemic of 1976

The New York Times, 30 April 2009, 1:29
https://archive.nytimes.com/thelede.blogs.nytimes.com/2009/04/30/lessons-from-the-non-pandemic-of-1976/

CDC Public Health Image Library During a national immunization campaign in 1976, millions of Americans were given shots of a vaccine against a strain of swine flu.

As news and concern about the swine flu spreads around the world, governments and public health officials are walking a fine line: They try to alert people to the dangers of the illness without stoking people's fears. As a post on our politics and government blog, The Caucus, noted this morning, remarks by Vice President Joe Biden illustrated that politicians are often not very good at walking such fine lines.

As if to prove that Democrats have no lock on spreading confusion about the swine flu, or on cases of foot-in-mouth disease, here is a short burst of Rep. Michele Bachmann, Republican of Minnesota, who said, incorrectly, during a recent interview on the conservative Web site Pajamas TV that the outbreak of swine flu in 1976, which killed one person at Fort Dix, N.J., took place "under another Democrat [sic] President, Jimmy Carter — and I'm not blaming this on President Obama, I just think it's an interesting coincidence."

While Mr. Carter was of course elected in 1976, Ms. Bachmann seemed not to know just when the swine flu outbreak took place, or to remember that President Gerald Ford, a Republican, was still in office every day of that year, when the government developed a vaccine and tried to immunize every American to head off a pandemic:

So what did happen in 1976, and what lessons might we now take from that effort to prevent a swine flu outbreak from spreading worldwide?

The main thing that many people who are following the current swine flu outbreak on the Web seem to know about 1976 is that the government produced two public-service announcements meant to scare people into getting the vaccine, and that they now look equal parts ominous and funny:

As experts now consider whether to produce a vaccine against this new strain of swine flu, it is worth looking back at the controversy that surrounded the mass immunization campaign in 1976.

In an article about flu pandemics and non-pandemics for The New York Times Magazine in 1992, Robin Marantz Henig recalled:

Influenza experts thought they saw big-league trouble coming in February 1976, when a few cases of severe swine flu broke out among young military recruits in Fort Dix, N.J. One of them, Pvt. David Lewis, 19, died. Of 19 patients whose specimens were sent to the Centers for Disease Control for virus typing, Lewis and four others were shown to be infected with the same H1N1 influenza virus as was responsible for the 1918 pandemic. This got many public-health officials into gear, hoping to use modern technology, namely vaccination, to head off a disaster of the magnitude of 1918.

The large-scale effort to manufacture and distribute enough vaccine for everyone in the country showed that millions of doses of high-quality vaccine could be made in a matter of three or four months. But the swine-flu pandemic never materialized. In retrospect, some critics now say 40 million Americans were vaccinated for nothing.

As Andrew Pollack reported in The New York Times a few years ago, the Ford administration's aggressive approach in 1976 may have wound up doing more harm than good:

That is the year President Gerald R. Ford announced a crash program to "inoculate every man, woman and child in the United States" against swine flu. But the virus never became a killer, and vaccinations were halted two months after they began after reports that 500 people who received the shot developed a paralyzing nerve disease and more than 30 of them died.

In an article in The Los Angeles Times last Saturday, "Swine flu 'debacle' of 1976 is recalled," Shari Roan explained that "the federal government paid millions in damages to people or their families" who contracted the nerve disease, Guillain-Barre syndrome, after getting the vaccine that year.

Still, some influenza experts defended the aggressive approach of 1976. For her 1992 article, Ms. Henig talked to Dr. Edwin D. Kilbourne, "an early and consistent advocate of mass immunization in 1976," who had the vaccine virus produced in his lab at Mount Sinai Medical School in New York City. Dr. Kilbourne argued that the government had acted rationally at the time, since the aim was to avoid death on the scale of the 1918 pandemic. "Better a vaccine without an epidemic," Dr. Kilbourne said, "than an epidemic without a vaccine."

Dr. Richard P. Wenzel, the chairman of internal medicine at Virginia Commonwealth University, who also advocated vaccination in 1976, still says "it was a great effort." Dr. Wenzel told The Los Angeles Times on Saturday that while the immunization program "had unexpected, unfortunate side effects," he hoped that "there will be a lot of good, honest public health discussion about what happened in 1976."

As Dr. Pascal J. Imperato, dean of the school of public health at the State University of New York Downstate Medical Center, who was the chairman of the New York City Swine Flu Task Force in 1976, told Donald McNeil of The New York Times on Wednesday that the new strain that emerged that year was identified quickly enough to make containment a viable strategy. All 230 infected soldiers at Fort Dix, N.J., were kept on the base, Dr. Imperato said. "They had no external contacts. One died, the rest had mild infection."

With reports from Peru and Switzerland on Thursday, there are now at least 13 countries that have confirmed cases of the new strain of H1N1 swine flu. But as Ms. Henig wrote in 1992, one of the lessons that experts like Dr. Kilbourne took from the experience of 1976 was that some new strains of flu may not be virulent enough to merit mass immunization, but that it was still a good idea to get vaccine ready, just in case:

In hindsight, those involved in the decision-making realize that major variants of influenza virus in a few individuals do not necessarily signal the start of a new pandemic. Some variants prove easily transmitted; most, like the Fort Dix strain, will die out after a few passages through human hosts. "Early detection of a new virus therefore may not be adequate evidence on which to undertake mass immunization," Kilbourne wrote in a 1979 article called "Swine Flu: The Virus That Vanished." "But it is, I believe, a signal at least to produce vaccine to hold in readiness."

Last Saturday, the Science magazine blog Science Insider interviewed Dr. Kilbourne, now 88 and retired, and asked him how he thought the lessons of 1976 might be applied to today's crisis. Dr. Kilbourne defended the immunization campaign, arguing that the cases of Guillain-Barré syndrome may not have been caused by the vaccine, and said that a vaccine should be made as soon as possible this year, even if it will then be held in reserve until the new strain is known to be virulent:

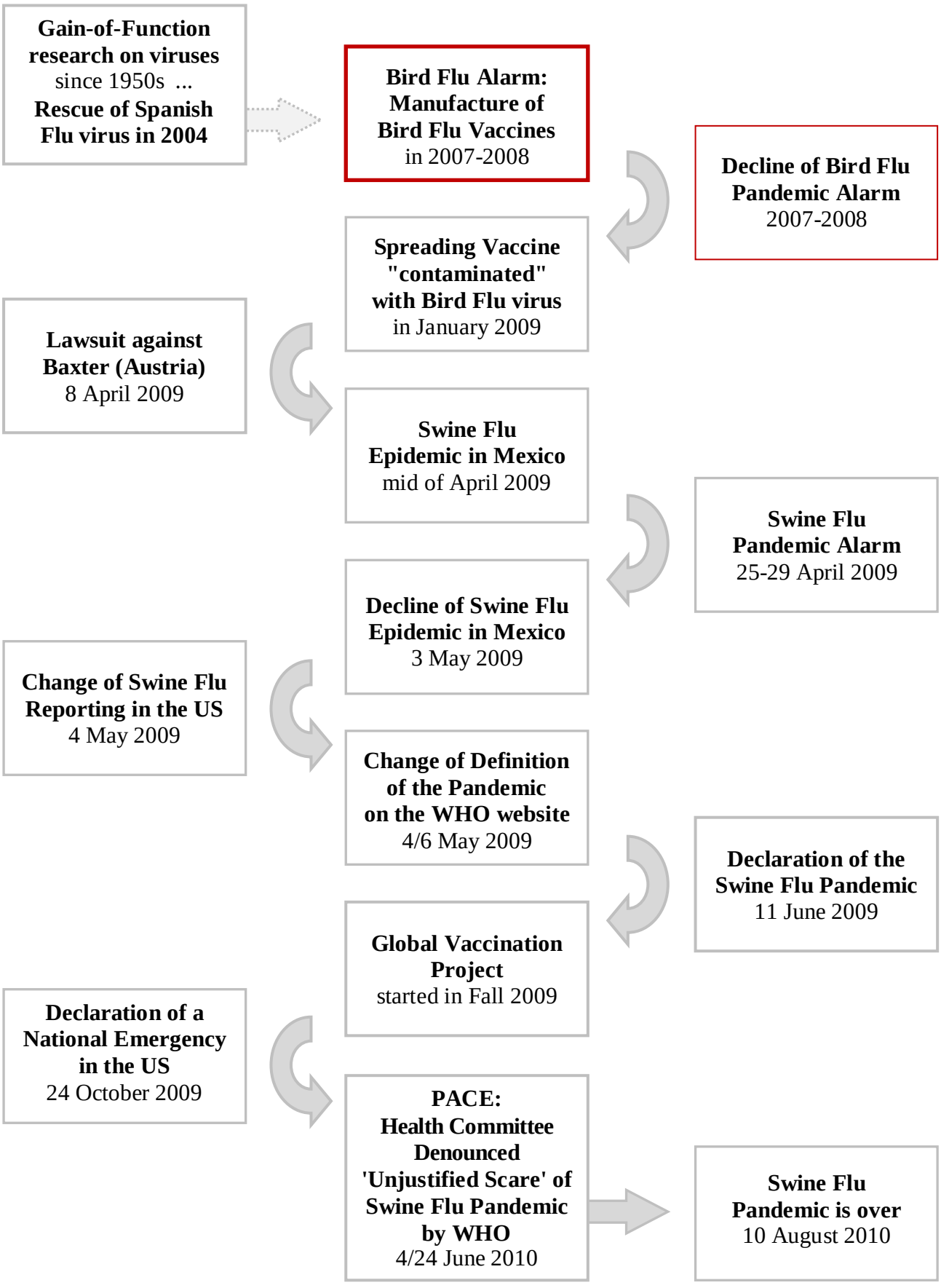
The only thing I would have done differently in 1976, retrospectively, is to make the vaccine, promote the vaccine, but not give the vaccine until the last moment — but the problem with that is that you may be too late. By all means, find the prevalent strain, make a vaccine that can be used, and grow it in eggs, and then go with it. [But] I think it's premature to do it [vaccinate] now.

Part 3

Chronology

of the bird flu "Pandemic"

Roadmap
of the Swine Flu Pandemic


Gain-of-Function research on viruses since 1950s ... Rescue of Spanish Flu virus in 2004
Bird Flu Alarm: Manufacture of Bird Flu Vaccines in 2007-2008
Decline of Bird Flu Pandemic Alarm 2007-2008
Spreading Vaccine "contaminated" with Bird Flu virus in January 2009
Lawsuit against Baxter (Austria) 8 April 2009
Swine Flu Epidemic in Mexico mid of April 2009
Swine Flu Pandemic Alarm 25-29 April 2009
Decline of Swine Flu Epidemic in Mexico 3 May 2009
Change of Swine Flu Reporting in the US 4 May 2009
Change of Definition of the Pandemic on the WHO website 4/6 May 2009
Declaration of the Swine Flu Pandemic 11 June 2009
Global Vaccination Project started in Fall 2009
Declaration of a National Emergency in the US 24 October 2009
PACE: Health Committee Denounced 'Unjustified Scare' of Swine Flu Pandemic by WHO 4/24 June 2010
Swine Flu Pandemic is over 10 August 2010

The INDEPENDENT

Avian Flu Outbreak Timeline

The Independent, 19 December 2011, a modified version
https://www.scribd.com/document/76089964/Avian-Flu-Map#

AVIAN FLU OUTBREAK TIMELINE

1 1996 The highly pathogenic H5N1 virus is isolated from a farmed goose in Guangdong Province, China. The first discovery of this new strain originally attracts little attention.

2 May 1997 Eighteen cases of in Hong Kong are infected with avian influenza H5N1– in the first known case the virus infecting humans. Six people die from the outbreak.

3 Feb 2003 Six years after the first deaths linked to the virus, a subtype remerges. Two human cases, one of which is fatal, are confirmed in a Hong Kong family with a recent travel history to Fujian Province, China.

Dec 2003 South Korea confirms highly contagious **4** in of bird flu has infected a chicken farm near Seoul. Vietnam, Cambodia, Mongolia, China, Japan, Laos, Malaysia, Thailand, the Philippines, Indonesia and North Korea later confirm similar outbreaks.

Jan 2004 Vietnam identifies H5N1 as the cause of human cases of severe respiratory disease with high **5** ality. Sporadic human cases are reported through mid-March.

July 2005 Russia confirms first outbreak of bird flu and begins cull of 600,000 birds. Simultaneous outbreak **6** bird flu strain deadly to humans confirmed in seven villages in Kazakhstan marks the first cases outside South-East Asia. Indonesia confirms its first human case.

7 Oct 2005 Thai boy diagnosed with H5N1 strain of bird flu two days after his father became the 13th man in the country to die of the disease. The World Health Organisation (WHO) confirms that death toll in Asia has now reached 61, comprising 41 in Vietnam, 13 in Thailand, 3 in Indonesia and 4 in Cambodia.

Jan 2006 Turkey confirms its first two human cases. **8** radic cases continue to be reported in the coming weeks, but rapidly end. Iraq confirms its first human case, in a 15-year-old girl in Sulaimaniyah

Feb 2006 France first reports H5N1 in a single turkey **9** n, marking the first appearance of this disease in domestic poultry in the EU.

March 2006 Egypt confirms its first human case in a **10** year-old woman from Qalubiya.

Jan 2007 Japan sees a resurgence of bird deaths due **11** H5N1. Hungary and Russia also see more cases. In February, Pakistan, Turkey, Afghanistan, and Myanmar joined the list and Kuwait saw its first major outbreak of the virus.

Jan 2007 The first discovery of the virus affecting **12** ish poultry. Only a single outbreak occurs.

Jan 2008 Three mute swans are found dead in Dorset with the virulent H5N1 strain of bird flu.

Feb – April 2009 Five people killed by the virus in Vietnam.

13 June 2011 Five cases of H5N1 were confirmed in Egypt – three of which are fatal.

World Health Organization

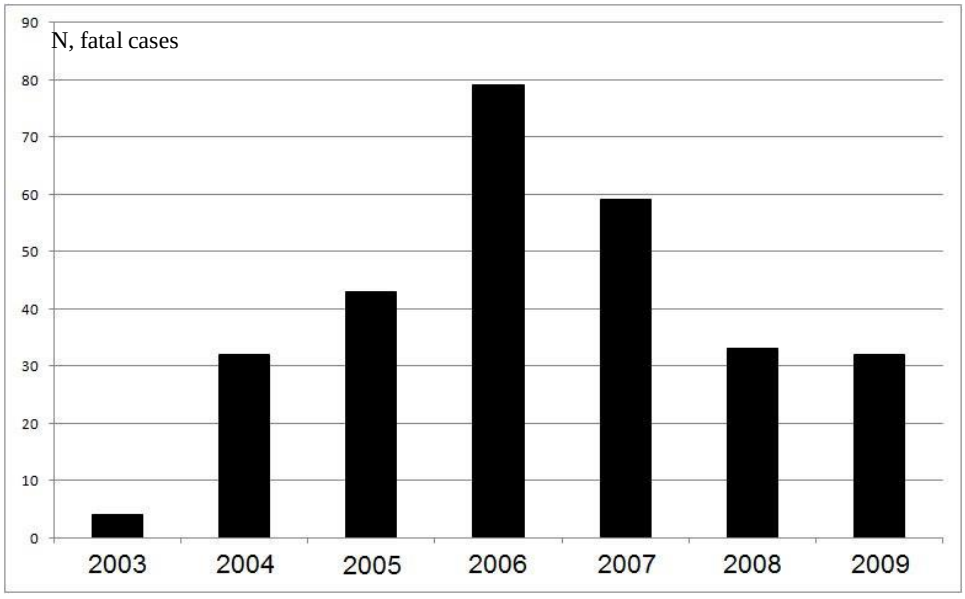
Cumulative number of confirmed human cases for avian influenza A(H5N1) reported to WHO, 2003-2021

Geneva, WHO, 15 April 2021

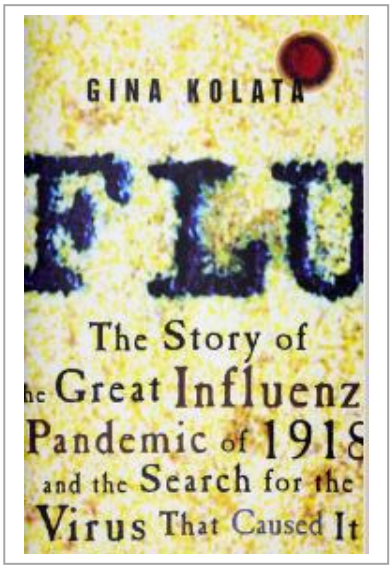
https://www.who.int/publications/m/item/cumulative-number-of-confirmed-human-cases-for-avian-influenza-a(h5n1)-reported-to-who-2003-2021-15-april-2021

Country	2003		2004		2005		2006		2007		2008		2009	
	cases	deaths	cases	deaths	cases	deaths	cases	deaths	cases	deaths	cases	deaths	cases	deaths
Azerbaijan	0	0	0	0	0	0	8	5	0	0	0	0	0	0
Bangladesh	0	0	0	0	0	0	0	0	0	0	1	0	0	0
Cambodia	0	0	0	0	4	4	2	2	1	1	1	0	1	0
Canada		0	0	0	0	0	0	0	0	0	0	0	0	0
China	1	1	0	0	8	5	13	8	5	3	4	4	7	4
Djibouti	0	0	0	0	0	0	1	0	0	0	0	0	0	0
Egypt	0	0	0	0	0	0	18	10	25	9	8	4	39	4
Indonesia	0	0	0	0	20	13	55	45	42	37	24	20	21	19
Iraq	0	0	0	0	0	0	3	2	0	0	0	0	0	0
Lao People's Democratic Republic	0	0	0	0	0	0	0	0	2	2	0	0	0	0
Myanmar	0	0	0	0	0	0	0	0	1	0	0	0	0	0
Nepal	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Nigeria	0	0	0	0	0	0	0	0	1	1	0	0	0	0
Pakistan	0	0	0	0	0	0	0	0	3	1	0	0	0	0
Thailand	0	0	17	12	5	2	3	3	0	0	0	0	0	0
Turkey	0	0	0	0	0	0	12	4	0	0	0	0	0	0
Viet Nam	3	3	29	20	61	19	0	0	8	5	6	5	5	5
Total	**4**	**4**	**46**	**32**	**98**	**43**	**115**	**79**	**88**	**59**	**44**	**33**	**73**	**32**

Table 2 of the WHO documrent includes the years 2003 - 2009

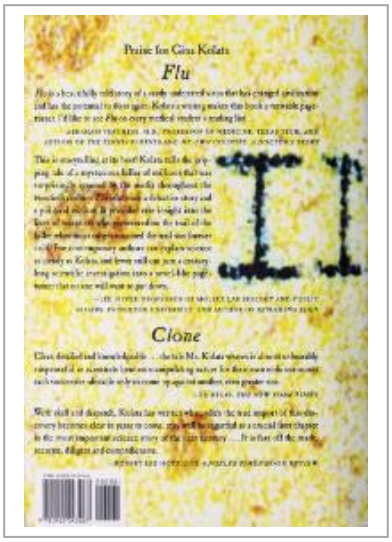


The dynamics of the fatal cases is presented in the form of columns



19 March 1995

Gina Bari Kolata



Flu: the story of the great influenza pandemic of 1918 and the search for the virus that caused it

New York: Farrar, Straus and Giroux, 1999: 187-218
https://archive.org/details/isbn_9780965043267

...

By 1995, Reid had probably had as much experience as anyone in the world on doing PCR from paraffin-embedded tissue. Her experience was ideal for this project. At the very least, she would be able to start the process of looking for the 1918 flu virus. But as she was well aware, it was not at all clear that she, or anyone else, could complete it. They would be looking for what might be liter-ally a single molecule of flu virus. It would be a test that would push the limits of molecular biology. With some trepidation, once they got permission to begin to study the tissue from 1918 flu victims, Taubenberger and Reid set to work. Reid noted the date in her lab notebook: **March 19, 1995**. (206)

...

It was time to use PCR, the miraculous method that can make millions of copies of a single fragment of a gene floating in a solu-tion. Taubenberger and Reid decided to look for a piece of a flu virus's genetic material called the matrix gene, choosing it because it changes very little, whereas other viral genes are con-stantly being altered by mutations. The matrix gene directs cells to make a protein that the virus uses as a scaffolding, a firm struc-ture propping up the virus's soft, fatty membrane coat. Their idea was to use a tiny bit of a matrix gene as a sort of fishhook – a way to snare the 1918 flu virus. (208)

...

By October 1996, the group was ready to tell the world that they had genetic evidence of the 1918 flu in the preserved lung tissue of Roscoe Vaughan. They would write a scientific paper explaining their astonishing result. They did not have the entire genetic sequence of the virus yet, but they had shown that they could pull the viral genes out. That meant that they eventually might know the virus in its every detail. They had the tools to unmask the murderer and even find its deadly weapon. The scientists decided to send their paper to *Nature*. (215)

...

Taubenberger's Science paper on the 1918 flu finally appeared, in **March 1997**, catapulting the unprepossessing researcher, who had spent his life in obscurity, into a media spotlight. "The phone was ringing off the hook. All of a sudden, eighty people wanted to interview me. I was live on national TV, I was on National Public Radio. It all happened so fast, it was really odd. It was completely crazy." But that was just the beginning of the oddness. Within two months, **a mysterious death in Hong Kong** would make scientists quiver with dread. All of a sudden, it looked as if another deadly flu epidemic might be emerging. (218)

THE LANCET

Kennedy F. Shortridge

The next pandemic influenza virus?

The Lancet, 4 November 1995, 346 (8984): 1210-1212
doi: 10.1016/s0140-6736(95)92906-1. PMID: 7475666
https://linkinghub.elsevier.com/retrieve/pii/S0140-6736(95)92906-1

The influenza virus is unique among viruses in being able to undergo so much antigenic change that an antigenically novel virus can sweep around the world in a year or two, giving rise to significant morbidity and mortality. The pandemic of 1918-19 was of unprecedented magnitude, claiming 20-40 million lives.[1] Whether a pandemic of this order could occur again is conjectural. Nonetheless influenza must retain the status of an important infectious disease because of its potential for devastation.

Planning for the next pandemic is therefore a matter of concern for international and national health authorities. Key factors they need to know are the place and time of the virus' origin and the subtypes of its surface antigens, the haemagglutinin (H) and neuraminidase (N). What new information on these three points that is of predictive value has emerged since the appearance of the H3N2 (Hong Kong) influenza virus in 1968 and the unexplained reappearance of H1N1 in 1977? Only one, place, has done so with any foundation; the other two are speculative. Speculative or otherwise, we should look at them now because 27 years have passed since the H3N2 virus emerged through Hong Kong from southern China.

Place

Recent and historical information suggests China, especially southern China, as a hypothetical influenza epicentre.[2,3] The foundation for this was laid by Webster and Laver who suggested, on the basis of antigenic studies on the Hong Kong virus, that pandemic influenza viruses derive from an influenza virus resident in animals.[4]

...

The World Health Organization (WHO) has over 100 national laboratories globally reporting on influenza through collaborating centres in Atlanta, London, and Melbourne. If the Chinese epicentre hypothesis is correct, information provided by the National Influenza Centre in Beijing to the WHO collaborating centre at the Center for Disease Control and Prevention, Atlanta, USA, will be of utmost importance.

...

Perhaps most significant in this issue is the fact that in China influenza is not perceived to be as important as it is in western countries. Indeed in the subtropical/tropical south (including Hong Kong), where influenza mainly occurs in the summer[7] influenza is not a special concern. Influenza vaccination has not been practised in China since 1966; while in Hong Kong the 100 or so doses that are sold annually are mainly for westerners travelling abroad to temperate zones in winter.

...

Time

Put simply, each year brings us closer to the next pandemic. There is no reason to believe that there will not be another one. Since the H3N2 Hong Kong era is 27 years on and since current variants are mild, it might be reasoned that the next pandemic will occur soon, even this year. However, the fact that the H1N1 era lasted 39 years from 1918 to 1957, an era punctuated with periodsof high and low infuenza activity, while the duration of Asian H2N2 era was only 11 years from 1957 to 1968,

does make difficult prediction of the year of the next pandemic. The cocirculation of variants of H3N2 and H1N1 since 1977 confounds the question further.

...

Virus subtype

The H subtype is of particular concern because of the importance of this surface antigen in the development of neutralising antibodies and herd immunity. The three subtypes of pandemic virus this century have come in the order H1N1, H2N2, and H3N2 so, if there is a recycling of H subtypes, the next one would be H2. There is no way of knowing if H subtypes other than H1, H2, and H3 occurred in pandemic viruses in earlier centuries; if they did, that would extend the cycle. If the next subtype is not H2 it will have to be one of the other subtypes (H4-H15) already known in nature[3,9] (a fifteenth H subtype has recently been recognised, C Rohm and R G Webster, personal communication). Subtype frequencies in isolates from domestic poultry in southern China make H4 the prime candidate. The three most common subtypes are in order H4, H3 (the subtype of the 1968 pandemic virus), and H6 comprising three-quarters of these isolates.[9]

...

The severity of the new pandemic virus will depend in part on whether or not the other surface component, the N subtype, is N3 to N9 rather than the N1 and N2 subtypes that have occurred this century. A pandemic virus with completely new surface antigens has the potential to spread globally with ease.

Comment

Current thinking categorises pandemic influenza as a "reemerging" virus infection. "Elusive" might be more apt; influenza is a common global infection and the human influenza virus was first isolated in the early 1930s. Although our understanding of the "where, when, and what" of the next pandemic influenza virus is inexact, the virus' elusiveness is in our sights.

It would seem constructive for an international collaborative effort to be mounted in China, working with Chinese authorities to improve surveillance in the country and, therefore, international preparedness. This would be best achieved through an international task force operating from a designated infectious disease centre in China.

While it is difficult to imagine on genetic grounds how the influenza virus might remain latent in the human host to cause a pandemic many years later in another generation, the notion of the pandemic virus arising from an animal reservoir is now more plausible.

Eradication of such reservoirs is impossible and pandemic influenza will continue to be a threat.

The knowledge to be gained in dealing with the next pandemic will provide important directions toward the control of pandemic influenza in the next millennium.

AP NEWS

Paul Recer

Experts Fear Humans Overdue for New Influenza Pandemic

AP News, 14 December 1995.
https://apnews.com/article/82527818d04f4f24b7b126c0b82c6158

Bethesda, Md. (AP) – The planet may be overdue for a new worldwide epidemic of influenza, one of humanity's oldest and deadliest disease enemies, international experts said at a conference here Wednesday.

More than 200 infectious disease experts met this week to consider how they should prepare for what some believe is the inevitable rise of a new and lethal influenza virus.

"A new pandemic is possible," said Dr. Dominick Iacuzio of the National Institute of Allergy and Infectious Diseases. "We can't lose sight of the fact that influenza agents have the potential to cause a lot of morbidity and mortality. It has happened before and it can happen again."

The last major worldwide flu epidemic was in 1968, the so-called "Hong Kong flu," and new strains of the flu virus typically rise and sweep through the international population every 10 to 40 years.

From the perspective of history, said Iacuzio, "some experts say we are overdue."

The influenza virus regularly and rapidly rearranges its gene structure. Every now and then, a viral strain develops that humans have never before been exposed to, which can be the start of a pandemic, said Iacuzio.

Between 1918 and 1919, a new viral strain infected more than 2 billion people and killed an estimated 20 million to 40 million, more than a half million in the United States.

The "Asian flu" in 1957 also was new. It quickly circled the globe, causing widespread social disruption and at least 750,000 deaths in the United States.

Iacuzio said the Bethesda conference, organized by the NIAID, was called to help sort out how experts worldwide can prepare for a pandemic and identify gaps in what is known about the flu virus and its control.

A formal report is still being prepared, but these findings will be among the conclusions, he said:

Increased surveillance efforts, particularly in remote Asian areas, are needed for early detection of new flu viral strains. There currently is a network of 110 labs in 80 countries. If a potentially deadly new form of the flu is found early enough, said Iacuzio, the pandemic could be blunted by rapidly producing a new vaccine. Surveillance could include collecting specimens from early cases and sending them to central laboratories for analysis.

More research is needed to understand the response of the human body to the virus. Conclusions based on animal studies may not apply to humans and researchers need to validate such research to develop more effective drugs.

Some experts believe the concentration of proteins used in the flu vaccine may be reduced, thus making more vaccine doses available. "We don't know the answers to this," said Iacuzio, and that knowledge could be critical if there is a sudden, worldwide need for vaccine.

Final work on vaccines that can be applied as nose spray or nose drops must be completed. These so-called "cold adapted vaccines" use modified live virus and have been shown to be effective in some studies. Iacuzio said their availability in a pandemic could save many lives by protecting people against the disease.

Antivirals, drugs used to treat the flu infections, could provide physicians with important new weapons in treatment of patients already infected. Iacuzio said there are candidate drugs being tested, but not now available. Such drugs need to be speedily developed, he said.

Science

Elizabeth Pennisi

Planning for the Next Flu Pandemic

Science, 22 December 1995, 270 (5244): 1916-1917
DOI: 10.1126/science.270.5244.1
https://www.science.org/doi/10.1126/science.270.5244.1916

Although flu experts do not know exactly when the next great global flu epidemic will occur, **they know that one is inevitable**. Consequently, they are trying to work out a game plan that will enable them to recognize its onset and put preventive measures, such as vaccine programs, in place.

...

Everyone is familiar with the annual flu epidemic and the misery it brings. But every so often – four times this century, most recently in 1977 – a particularly virulent new strain of flu virus will emerge that spreads quickly, erupting into a global epidemic with far more disease and deaths than usual. Last week, flu experts from around the world gathered in Bethesda, Maryland, to try to work out a game plan for coping with the next such pandemic.

The last one was nearly 20 years ago, and warns virologist Robert Webster of St. Jude Children's Hospital in Memphis, "as time passes, the probability [of another] increases." To counter that threat, the U.S. Federal Working Group on Influenza Pandemic Preparedness, with representatives from the Centers for Disease Control and Prevention (CDC), the Food and Drug Administration, the National Institutes of Health, and the military, is preparing a plan, a draft of which was released at the meeting.

As with similar plans being developed by other countries, its goal is to detect dangerous new strains of influenza A, the virus that causes the pandemics, as soon as they emerge, and put in place preventive measures, such as vaccination programs. While the experts don't know exactly when the next flu pandemic will strike, planning is essential, they say, because when it does come, only very quick action will stem its spread.

...

Kermode-Scott B. Impending flu pandemic. Can Fam Physician. 1996 Apr;42:805-7. PMID: 8653042; PMCID: PMC2146396.

Los Angeles Times

More Dangerous Flu Virus Predicted

Los Angeles Times, 27 September 1996, 12 AM PT
https://www.latimes.com/archives/la-xpm-1996-09-27-mn-48177-story.html

A more dangerous strain of the flu virus than those seen last year will be circulating this time, the Centers for Disease Control and Prevention in Atlanta said. The Type A-Wuhan virus, which can lead to deadly complications in the elderly, is the most dangerous of three viruses expected around the nation.

The others are Type A-Texas and Type B.
The current flu vaccine counteracts all three.

The CDC recommends vaccinations for people 65 and older, people in nursing homes, children with asthma and anyone with a chronic illness.
Flu contributes to the deaths of about 20,000 people a year in the United States.

Science

Elizabeth Pennisi

First genes isolated from the deadly 1918 flu virus

Science, 21 March 1997; 275 (5307): 1739
DOI: 10.1126/science.275.5307.1739; PMID: 9122676

Abstract

The great flu pandemic of 1918 rates as one of history's greatest killers, causing as many as 40 million deaths worldwide. Now for the first time, researchers have gotten a look at some of the genes from the virus at fault. In work described on page 1793, they have used polymerase chain reaction techniques to amplify and sequence segments of five viral genes obtained from the preserved lung tissues of a U.S. Army private who died in the epidemic.

Jeffery K. Taubenberger, Ann H. Reid, Amy E. Krafft,
Karen E. Bijwaard, and Thomas G. Fanning

Initial genetic characterization of the 1918 "Spanish" influenza virus

Science, 21 March 1997; 275 (5307): 1793-1796
doi: 10.1126/science.275.5307.1793. PMID: 9065404

Abstract

The "Spanish" influenza pandemic killed at least 20 million people in 1918-1919, making it the worst infectious pandemic in history. Understanding the origins of the 1918 virus and the basis for its exceptional virulence may aid in the prediction of future influenza pandemics.

RNA from a victim of the 1918 pandemic was isolated from a formalin-fixed, paraffin-embedded, lung tissue sample. Nine fragments of viral RNA were sequenced from the coding regions of hemagglutinin, neuraminidase, nucleoprotein, matrix protein 1, and matrix protein 2. The sequences are consistent with a novel H1N1 influenza A virus that belongs to the subgroup of strains that infect humans and swine, not the avian subgroup.

Avian Diseases

D. E. Swayne, M. L. Perdue, M. Garcia, E. Rivera-Cruz, M. Brugh

Pathogenicity and Diagnosis of H5N2 Mexican Avian Influenza Viruses in Chickens

Avian Diseases, 1997, April – June, 41 (2): 335-346
https://www.jstor.org/stable/1592187

Abstract

Chickens were inoculated with one of five H5N2 Mexican-origin avian influenza virus (AIV) isolates to determine their pathogenicity for chickens and to determine the ability of routine virologic and serologic tests to detect infections.

In laboratory infections, three AIVs, H5/94, M5/94, and J12/94, produced sporadic illness and death and were categorized as mildly pathogenic.

Q1/95 produced illness and death in all inoculated chickens and was categorized as highly lethal and highly pathogenic (HP).

P11/94B commonly produced clinical illness, but deaths were infrequent.
During the presence of clinical signs, oropharyngeal swabs were superior for isolation of AIV, but cloacal swabs were more successful after disappearance of clinical signs.

Agar gel precipitin (AGP) serologic test was superior for detecting AIV infection during the clinical phase, but AGP and hemagglutinin inhibition tests were equally effective in detecting infections after recovery from clinical illness.

Passage of P11/94B parent stock and selected 14-day-embryo-passed AIVs in adult hens resulted in emergence of some HP AIV derivatives.

The hemagglutinin of Q1/95 and P11/ 94B parent stock and derivative AIVs had an identical proteolytic cleavage site of.... Pro-Gln-Arg-Lys-Arg-Lys-Thr-Arg-Gly, consistent with AIVs of high pathogenicity.

However, no consistent differences were identified in the sequence of the hemagglutinin gene to explain the discrepancy in lethality patterns of the P11/94B AIVs. This suggests that genes other than the hemagglutinin impact the full expression of high lethality of Mexican-origin AIV infections in chickens.

The New York Times

Gina Kolata

Genetic Material of Virus From 1918 Flu Is Found

The New York Times, 21 March 1997, p. A1
https://www.nytimes.com/1997/03/21/us/genetic-material-of-virus-from-1918-flu-is-found.html

A group of Defense Department researchers has found genetic material from the notorious Spanish flu virus that killed at least 20 million people worldwide in the influenza pandemic of 1918.

Fragments of the virus were found lurking in a formaldehyde-soaked scrap of lung tissue from a 21-year-old soldier who died of the flu nearly 80 years ago. And now, medical experts say, investigators at last hope to answer a question that has troubled them for decades: what made this virus so deadly?

One part of the answer is that the Spanish flu virus passed from birds to pigs and then to humans, a mode of transmission that is thought to produce the most dangerous strains of influenza viruses. Indeed, fear of a swine flu epidemic in 1976 caused President Gerald R. Ford to mobilize the nation to immunize against a flu strain that infected soldiers at Fort Dix, N.J. That particular virus, however, turned out not to be a threat.

The search for the 1918 virus is of more than historical interest, said Dr. Jeffrey K. Taubenberger at the Armed Forces Institute of Pathology in Washington, the leader of the team whose report is being published today in the journal Science. Dr. Taubenberger and other researchers hope that understanding the genetic code of the Spanish flu virus might help scientists prepare for the next influenza pandemic, which many scientists think is coming soon.

The Spanish flu epidemic seems to have begun in the United States in late spring and early summer of 1918, when doctors reported scattered outbreaks in military installations where recruits were reporting for training before going to France.

By September, when schools opened, the epidemic was roaring through the entire population and spreading rapidly to every corner of the world, attacking the young and healthy and killing them, often within days.

The flu virus itself is gone, vanished with the epidemic. But scientists have repeatedly tried to find traces of it, studying autopsy specimens and even exhuming bodies buried in Alaska where, they hoped, the virus would have remained preserved.

Even now, an expedition is being proposed to Spitsbergen, a Norwegian archipelago in the Arctic Ocean about 400 miles north of Norway, to exhume the bodies of miners who died of the flu.

An epidemic like that of 1918 "can come again, and it will," said Dr. Robert Webster, chairman of viral and molecular biology at St. Jude's Children's Research Hospital in Memphis.

Dr. Joshua Lederberg, a geneticist and Nobel laureate who is president emeritus of Rockefeller University in New York, called influenza "the most urgent, patently visible, acute threat in the world of emerging infections." And, Dr. Lederberg added, "the sooner we can learn what to anticipate, the more likely we will be able to blunt the next appearance" of a deadly flu virus.

Dr. Taubenberger studied specimens from Spanish flu victims that are among the millions of autopsy specimens that the pathology institute has been storing in warehouses since the Civil War. But he said he doubted that the study would succeed in light of the dismal history of failed efforts to find the virus.

For example, in the 1950's, a group of scientists that included Dr. Maurice R. Hilleman, director of the Merck Institute in West Point, Pa., who was then directing viral research at the Walter Reed Army Institute in Washington, traveled to Nome, Alaska, in a secret mission to examine the exhumed bodies of Eskimos who had died of the 1918 flu.

When Eskimo flu victims died, Dr. Hilleman said, they were buried in the middle of winter, in the frozen ground. The Army thought that these bodies, buried in the permafrost, might have remained frozen and preserved. But, Dr. Hilleman said, "the bodies were in such an advanced state of deterioration that no live virus was found."

More recently several scientists, including Dr. Webster, examined autopsy tissue from the Armed Forces Institute of Pathology but were unable to find viruses.

Dr. Taubenberger decided to go ahead anyway. Looking in the computerized records, he requested autopsy slides of the lungs of 198 soldiers who died of the Spanish flu.

In examining the slides, he looked for a particular type of pathology. Since the flu virus stops replicating within a couple of days after a person is infected, Dr. Taubenberger and his team wanted lung tissue from someone who died quickly, within a week after becoming ill, so that there might still be virus particles present.

That was possible, Dr. Taubenberger said, because the 1918 influenza strain was so deadly.

"The lungs of some who died in a few days were completely filled with fluids, as if they had drowned," he said. "No one has ever seen that before or since. It was a unique pathology."

Of the 198 cases that Dr. Taubenberger requested, 7 met his criteria. But only one had other features that led the researchers to believe that the flu virus was actively replicating when the man died.

The man was a private from New York State stationed at Fort Jackson, S.C., when he caught the flu.

"He was a healthy 21-year-old male with no medical history until he got this," Dr. Taubenberger said.

The soldier died within five days of infection, on Sept. 26, 1918, and in October his lung tissue was shipped to Washington, where it was stored, undisturbed, for nearly 80 years.

With the soldier's lung tissue in hand, the researchers began the tedious process of trying to extract the viral genetic material. The virus carries its genes in eight pieces of RNA that are packaged together in a protein coat. But over the years of storage, the 15,000 nucleotides that make up the viral RNA had broken apart into shards about 200 nucleotides long.

The researchers spent nearly two years amplifying the tiny segments of viral RNA so that they would have enough to analyze and assemble like a jigsaw puzzle. In their paper in Science, they report on the sequences of nine fragments of the virus that include pieces of its major genes.

The group has analyzed only about 7 percent of the virus, Dr. Taubenberger said, although he expects that he will eventually be able to complete the job. Others, like Dr. Webster, agree, but say it is still uncertain whether even that will reveal the secret of the virus's lethality.

But with his preliminary analysis, Dr. Taubenberger and his colleagues have already ruled out two hypotheses on why the virus was so deadly.

One was based on an analysis of a chicken influenza virus that swept through flocks of chickens in the early 1980's, killing them overnight.

The chicken virus was peculiar. One of its proteins had three basic amino acids at a spot where the host's enzymes had to break that protein in order for the virus to infect a cell. Ordinarily, there was only one such amino acid at that spot. So, investigators thought, maybe the three basic amino acids were a clue to lethality, and maybe they were a feature of the Spanish flu virus.

But, Dr. Taubenberger found, that was not the case. There was nothing unusual about the amino acids at that position in the Spanish flu virus.

Another hypothesis was that the flu had gone directly from birds to humans. Ordinarily, human flu viruses spread only in humans, but genetically distinct flu viruses also fester, independently, in birds, which do not become ill when they are infected. Occasionally, viruses from birds infect animals like pigs, and then jump to people. Even worse, some researchers proposed, might be a virus that jumped directly from birds to humans.

Antibodies of survivors of the 1918 epidemic indicated that the virus had lived in pigs before infecting humans. But the antibody evidence was indirect, and some thought it might be incorrect. The genetic analysis, however, indicated that the virus had, indeed, come to humans from pigs.

"I can't hold up one gene fragment and say, 'This is the reason,' " Dr. Taubenberger said. "This is the beginning of the story."

But it raises additional questions, the most immediate of which is whether the planned expedition to Norway should go forward.

The trip was proposed by Dr. Kirsty Duncan, who studies medicine and geography at the University of Windsor in Ontario. Dr. Duncan learned that seven miners who were digging coal in Spitsbergen died of the flu in 1918 and were buried there. She and her colleagues have been working with Dr. Nancy Cox, the chief of the influenza branch at the Centers for Disease Control and Prevention in Atlanta, to plan the trip to Norway.

Dr. Duncan said the team would meet in Atlanta. "We'll be debating how to proceed," she said.

Dr. Cox said the study of viral RNA from autopsy specimens might reveal all of the virus's secrets.

The question, of course, is whether it is worthwhile to risk unleashing live viruses that might still be in the frozen tissue of the miners.

The Journal of Infectious Diseases

Robert G. Webster

Predictions for future human influenza pandemics

The Journal of Infectious Diseases, 1 August 1997, 176 Suppl 1:S14-9
https://academic.oup.com/jid/article-pdf/176/Supplement_1/S14/2797374/176-Supplement_1-S14.pdf
doi: 10.1086/514168. PMID: 9240688.

Abstract

Will there be another human influenza pandemic?

The certainty is that there will be, and the probability is that the virus will emerge from Eurasian aquatic bird reservoirs and involve reassortment between a human and avian strain, with accumulation of mutations or true recombinational events (or both) that will permit spread and pathogenicity among humans.

This process will probably occur in pigs because they possess receptors for both avian and human influenza viruses, and emergence may occur in southern China.

Prediction of the subtype is impossible, but there is a hypothesis based on seroarcheology that only H1, H2, and H3 subtypes can infect humans; however, it is arguable that H7 or H2 strains might be equally capable of infecting humans.

...

Conclusions

Given the certainty that there will be another pandemic of human influenza, we must devote as much effort and as many resources as necessary to draw up a defense strategy and a battle plan for dealing with what could be a potential catastro-phe. Since an H2 Eurasian avian influenza virus may be the precursor of a future human pandemic originating in China, it is recommended that the frequency of H2 isolates in aquatic birds and any evidence of H2 or other avian influenza viruses in pigs and humans be determined in China.

If we assume that people, pigs, and aquatic birds are the principal variables associated with the interspecies transfer of influenza virus and the emergence of new human pandemic strains, it may be possible to influence the occurrence of human pandemics of influenza. Live-bird markets that house a wide variety of avian species (chickens, ducks, turkeys, pheasants, and guinea fowl) and occasionally pigs together for sale directly to the public provide outstanding conditions for genetic mixing and spreading of influenza viruses. Monitoring of the birds entering these markets for influenza could provide information on prevalent subtypes. If pigs are the mixing vessel for influenza viruses, then monitoring them for evidence of avian influenza viruses, particularly of H2 subtypes, might provide an early warning of what might occur in humans. Finally, it is recommended that serologic surveillance of humans in contact with animals should be done regularly, particularly in Southeast Asia.

nature

J. C. de Jong, E. C. J. Claas, A. D. M. E. Osterhaus, R. G. Webster, and W. L. Lim

A pandemic warning?

Nature, 9 October 1997; 389 (6651): 554
doi: 10.1038/39218. PMID: 9335492; PMCID: PMC7095477

Abstract: Introduction of new influenza type-A viruses, carrying different combinations of the viral envelope glycoproteins haemagglutinin (H) and neuraminidase (N), have led to three major pandemics of influenza in humans this century. Phylogenetic evidence suggests that these viruses have originated from avian influenza A viruses, either unchanged or after reassortment with humaninfluenza A viruses. In aquatic birds, all of the known H and N antigenic varieties (15 varieties carry H, nine carry N envelope glycoproteins) apparently circulate in a genetically conserved fashion. Viruses carrying the H1N1, H2N2 and H3N2 combinations were responsible for the Spanish flu of 1918, the Asian flu in 1957 and Hong Kong flu in 1968, respectively1. An influenza A virus of the H5N1 subtype has now been identified in a human patient, raising discussions about its potential to spark a new human influenza pandemic.

Main:

On 21 May 1997, the fifth day of his hospitalization, a three-year-old boy from Hong Kong died in an intensive-care unit in Hong Kong, with a final diagnosis of ***Reye syndrome***, acute influenza pneumonia and respiratory distress syndrome (ARDS). No indications of other underlying disease, including immunodeficiency or cardiopulmonary disease, were observed. From a tracheal aspirate, we isolated an influenza virus in MDCK and LLC cells. We were unable to grow any pathogenic bacteria from respiratory specimens. In haemagglutination inhibition assays, the virus did not react with ferret antisera to recent isolates of human and swine subtypes. By complement fixation tests we found it to be an influenza A virus, confirmed by an indirect immunofluorescence assay on cells from the original tracheal aspirate.

Haemagglutination inhibition assays using antisera to 14 H subtypes showed that the isolate was an H5 influenza A virus. Biochemical neuraminidase inhibition tests, using antisera to nine N subtypes, indicated that the neuraminidase was of the N1 subtype. Nucleotide sequence analyses of parts of the H and N genes of the virus allowed a phylogenetic comparison with other influenza viruses. Our analyses clearly confirmed that the virus is of the H5N1 subtype (Fig. 1). The H5N1 virus was indeed isolated from the sample of the child, and could not be attributed to a laboratory cross-contamination, as there was no H5N1 virus present in the human diagnostic laboratory. Furthermore, we reisolated the same virus from the original tracheal aspirate specimen.

The contribution of the influenza A H5N1 virus infection to the child's disease, eventually leading to his death, is not yet clear. But the virus identification is important as it is the first documented isolation of an influenza A virus of this subtype from humans. Subtype H5 influenza A viruses can cause lethal avian influenza (fowl plague), a disease that may decimate flocks of domestic poultry. These viruses have so far not been identified in pigs. We feel that the identification of the H5N1 influenza A virus and its presently unknown pandemic potential, should be the basis for an intensive monitoring of the epidemiology and the clinical manifestation of infection with this virus by the international World Health Organization influenza surveillance network.

Los Angeles Times

Rone Tempest

New, Lethal Flu May Stem From 'Chicken Ebola"

Los Angeles Times, 14 December 1997, 12 AM PT
https://www.latimes.com/archives/la-xpm-1997-dec-14-mn-64128-story.html

Hong Kong – In late March, chickens began dying on tluee small poultry farms in Hong Kong's outlying New Territories. Microbiologists detmmined that the 4,500 dead birds in tiny Lau Fau Shan village succumbed to a particularly virulent strain of avian influenza. Described by one leading American virologist as "chicken Ebola," the virus spreads swiftly, attacks all the cells in the infected bird's body and is nearly always fatal.

On May 11, a 3-year-old boy was hospitalized here with typical flu symptoms – acute fever, sore throat and raspy cough. Ten days later, the boy died of viral pneumonia and other complications. Then something happened that has excited and frightened health officials around the world: A lab analysis found that the boy was infected with the same virus that killed the New Territories chickens – the first recorded case of a pure bird virus infecting a human being.

The remarkable discovery, which has been followed by at least three more cases here, one of them fatal, has scientists from around the world converging on Hong Kong and has spread alarm throughout the territory, where worried citizens are releasing caged pets and avoiding chicken in their diets. But while the new virus has troubling implications for world health, it could also help solve one of humankind's greatest medical mysteries about how flu viruses mutate and grow, periodically circling the globe in deadly pandemics.

"The most interesting element," said Dr. Kennedy Shortridge, an Australian microbiologist and flu specialist at the University of Hong Kong, "is that we are having what appears to be an early warning."

Routine Analysis Discovered Virus

This is the first time that disease specialists have been present at the earliest stage of a virulent new flu strain, Shortridge said. Ideally, this could allow scientists to come up with a vaccine in time to keep the flu from sweeping the planet while at the same time teaching them a lot about its origins.

This new Hong Kong flu, assigned the scientific name H5N1, was discovered during a routine post-mortem laboratory analysis. Tissue taken from the 3-year-old's body failed to react to antigens that would identify the virus as one of two flu types common to human beings.

Puzzled, Hong Kong health officials sent samples off to influenza labs in Europe and the United States for a more sophisticated analysis known as genetic sequencing. In August, a laboratory in the Netherlands came up with the startling conclusion – later corroborated by U.S. and British flu labs – that the avian virus had been transmitted to a human.

"This is puzzling," said Dr. Daniel Lavanchy, chief of the influenza program for the World Health Organization in Geneva. "For years, we've know that this virus is dangerous in birds, but we'd never seen a human case. We have no explanation yet, but we don't like it when a new virus gets into humans."

A team of researchers led by Canadian medical geographer Kirsty Duncan traveled above the Arctic Circle to the small Norwegian coal-mining village of Longyearbyen this fall on a quest for clues to the origins of the deadliest flu pandemic on record, the erroneously named Spanish flu.

The 1918-19 outbreak has been traced not to Spain but to a small U.S. Army post in Kansas, Camp Funston. A popular scientific theory is that the flu was caused when a Kansas pig was infected by an avian flu strain, possibly spread when the fecal matter of a wild duck flying over the plains fell into the pig's trough or drinking water.

Unlike most viruses, which are particularly dangerous to the very old and the very young, the Spanish flu killed mostly young adults. Occurring at the height of World War I, it spread rapidly through the ranks of armies around the globe and took more lives than the war did.

Frozen Genetic Keys May Unlock Secrets

Because experts know that flu pandemics are cyclical, occurring three or four times a century, they are particularly eager to unlock the secrets of the Spanish flu and perhaps produce a vaccine that would prevent it from recurring. What they lack is a complete genetic picture of the killer virus.

After several years of research, geographer Duncan found a graveyard in Longyearbyen, a town 800 miles from the North Pole, where seven young men who died of the 1918 virus are buried. Virologists hope the victims are deep enough in the Norwegian permafrost that their organs, containing the virus' genetic keys, remain frozen and intact. In October, Duncan and her team gathered at the grave site, using ground-penetrating radar equipment similar to that used to spot sunken ship hulls at the bottom of the ocean, to do depth readings on the corpses. The team is still evaluating the results.

If they look promising, Duncan said, the researchers will return to Nonvay next spring and, under strict controls to avoid accidentally reviving the virus, drill into the frozen bodies for samples. If the latest flu theories are valid, they hope to find traces of bird and swine genes in the virus traces.

The goal of the five-member CDC team of epidemiologists in Hong Kong is more immediate.

Dr. Brian Mahy, director of the CDC's viral disease division, said the team's first objectives are to help Hong Kong authorities monitor the territory's 6 million people; to test family members and medical personnel who have come into contact with the four confirmed H5Ni patients; and to find a way to more quickly identify the virus in flu patients. Because the virus was previously believed to be confined to birds, Mahy said, "no laboratory in the world is set up to look for [it]."

Moreover, H5N1 is particularly virulent and difficult to grow in sufficient quantities to produce a vaccine or antigens for testing. (The genetic coding comes from two proteins, hemagglutinin [H] and neuraminidase [N], found in the outer covering of flu virus.)

On the surveillance front, health authorities here say they have set up sampling procedures in 63 clinics and 44 public hospitals reaching a cross-section of the Hong Kong population. And in the last several months, agents of the Hong Kong Agriculture and Fisheries Department have fanned out to test the territory's chickens at 150 poultry farms and chicken stalls, many of which are located in densely populated areas.

"They came here and took blood samples from about 100 of my birds, but they didn't find anything," said Lee Ming, owner of Keung's Farm in Lau Fau Shan, where the first outbreak took place.

But last week, officials reported another H5N1 outbreak in a small poultry stall, again in the New Territories next to the land border with mainland China. This means the virus is still alive in the Hong Kong bird population.

In a news conference last week, Community Health Director Dr. K. H. Mak attempted to reassure the populace. According to health department investigations, Mak said, only one of the four confirmed patients, the 3-year-old boy, had any contact with chickens or poultry before contracting the virus.

Moreover, none of the people tested who work most directly with poultry – farmers, shopkeepers and restaurant personnel – have tested positive.

"One of the most puzzling things," the WHO's Lavanchy said, "is that all these people working with animals never got sick."

Not surprisingly, however, the people of Hong Kong are still alarmed.

Shopkeepers cite a 40% drop in poultry sales. Parents and schools have been warned to keep their children away from birds, including household pets, until officials know more about the virus. And officials fear that tourism, already in decline after the changeover from British to mainland Chinese sovereignty in July and buffeted by the troubled regional economies, will suffer another blow.

There are also stirrings in Hong Kong's political ranks.

Dr. Huang Chen-ya, a neurologist who is chairman of the health committee of the Democratic Party, complained that authorities have not been fully candid about reports of symptoms among staff at the hospital where the 13-year-old is under intensive care.

Alison Reid, chief executive of the hospital, said loo staff members, including nurses and doctors, who had contact with the patient were examined and that eight showed symptoms of viral illness but no signs of developing influenza.

"We should know more in three to five days," Reid said, "but symptomatically at least, they appear to have recovered."

Legislator Leung Che Hung, also a doctor, has called for a broader sampling of Hong Kong's population to check for milder cases of the avian virus that do not require hospitalization.

Incubators of the Flu

It was probably Hong Kong's extraordinarily thorough and highly regarded flu surveillance program that led to discovery of the human H5Ni in May.

Because Hong Kong and mainland China are known to be incubators of flu viruses, every case of respiratory illness that requires hospitalization is analyzed by government laboratories here.

The surveillance has paid off: The government reported Friday that three more patients are suspected of being infected by H5Ni, but their condition is still unconfirmed.

Leung, however, would like to expand the surveillance into the streets of Hong Kong, testing, as he put it, "anyone with a runny nose."

"The government officials should be congratulated for discovering this new strain," Leung said. "In this regard, they scored a first. But they should also test people who do not go to the hospital to see if there are milder cases in the community."

While Hong Kong officials have been relatively open about the flu episode here, little has been reported in the mainland, where the size of the population and general poverty levels may make the virus' dangers even greater.

Shortridge and other researchers believe that the outbreak in Hong Kong's poultry farms was preceded by the unexplained deaths of as many as 1 million chickens and other fowl in China's Guangdong province, bordering the New Territories.

Guangdong officials deny that such an outbreak occurred. "There has been no such epidemic on our farm," said a worker at Guangdong Baiyun (White Cloud) Chicken Breeding Farm. "We have strict epidemic prevention measures."

"Up to now," said Wang Min, an employee in the National Flu Center in Beijing, "we have had no reports of any cases in the mainland."

The Washington Post

Keith B. Richburg

Hong Kong Destroys Its Chickens

The Washington Post, 30 December 1997
https://www.washingtonpost.com/archive/politics/1997/12/30/hong-kong-destroys-its-chickens/54980a16-6112-4665-8622-4501a2510216/

Government workers wearing white coats and masks and equipped with tanks of carbon dioxide fanned out through remote chicken farms today, launching a dramatic and highly visible attempt to stop the spread of an avian flu virus by eradicating Hong Kong's chicken population.

More than 250,000 chickens were killed with carbon dioxide gas in the first day of an operation that involved thousands of government workers from a half-dozen agencies as well as private vendors, who also slit the throats of the birds and dropped the carcasses into plastic garbage bags. Yellow dump trucks and earth-moving machines made huge piles of poultry remains at three large landfills.

Meanwhile, despite assurances that the so-called bird flu cannot be contracted by eating chicken, Hong Kong restaurants were dropping chicken and poultry dishes from their menus and touting beef and pork as substitutes. "You can still see it on the menu," said the white-haired old man behind the cashier's desk at Hong Kong's famous Luk Yu Tea House restaurant. "But anything with two feet, we don't have."

So massive is the job that the government did not have enough salaried workers and ended up hiring day laborers to kill chicken and geese for one Hong Kong dollar -- the equivalent of about 12 cents – per slaughtered bird.

Since the mysterious bird flu virus, called A H5N1, surfaced in May, it has infected at least 13 and likely as many as 20 people, four of whom have died. The Atlanta-based Centers for Disease Control and Prevention has said that poultry workers with prolonged exposure to infected chickens are most at risk of contracting the disease. But so far, children, mostly toddlers, make up the majority of those who have fallen ill.

The virus, which originated in birds but inexplicably jumped to humans, has caused widespread fears of a global flu pandemic. Hong Kong residents have largely stopped buying and eating chicken, causing poultry sales to plummet. Some tourists have stayed away. The new Chinese-appointed Hong Kong government, in power only six months, has been under intense public pressure to take steps to allay rising concern that the bird flu could spread out of control.

In an unusual front-page commentary, the English-language South China Morning Post newspaper said the wholesale slaughter of chickens was "the most dramatic gesture the authorities could make."

But the commentary added, "Unfortunately, radical move or not, the extermination of all Hong Kong's chickens only addresses one side of this equation." The main problem, it said, was that "the central question surrounding the spread of bird flu still has not been answered: Where does it come from? Until we know the answer, the killing of more than a million birds cannot hope to quell the public's understandable fears."

Late this evening, the task force involving three government departments – urban services, agriculture and fisheries, and the regional council – said more than 250,000 chickens and other poultry had been destroyed. The operation was to continue until the last bird is destroyed.

The government has said that all of Hong Kong's 1.3 million chickens -- as well as geese, quail, ducks and pigeons that may have been housed near chickens – will be slaughtered within a day and a half.

Many vendors began slaughtering their own birds before the operation officially began. Blood oozed across the slick floors of empty stalls. The next phase of the operation will involve a massive cleaning of all the markets and stalls, in an attempt to eradicate the virus once and for all.

The slaughter of Hong Kong's live poultry population means that Hong Kong residents will have to get used to a drastic change in their eating habits. Chicken – shredded, steamed, baked, roasted, served with chili, cashews, oyster sauce or soy sauce, and sometimes with names like General Tso's chicken or beggar's chicken -- has long been a staple on most restaurant menus.

Hong Kong residents like their chicken fresh, and several restaurateurs interviewed here said they preferred to remove chicken dishes from their menus than to lower their standards by using frozen birds from the United States or Australia.

"We would never use frozen food," said an indignant worker at the Luk Yu Tea House, which has counted among its guests cuisine-loving German Chancellor Helmut Kohl. The worker, who asked to be identified only as John, said, "If we use frozen foods, the taste is no good."

The Luk Yu lists more than 30 chicken and pigeon dishes on its menu, none of which was available today and perhaps for a long time to come. In addition to slaughtering all chickens in the territory, authorities have slapped a ban on live chickens coming in from southern China.

"Now that everybody is afraid of chicken, they are trying other types of food," John said.

Health experts have said there is no danger of contracting bird flu by eating chicken, but they advise that poultry be well-cooked.

With chicken sales near zero, most vendors seemed to welcome the slaughter. Some had complained earlier that they could no longer afford to keep the birds. The government has promised to compensate owners, and today began working on emergency legislation that would pay the equivalent of $3.85 for each destroyed bird.

While health officials and scientists have called birds the main source of the deadly influenza, they have not ruled out the possibility of human-to-human transmission.

Researchers believe that if the virus can travel from person to person, it does so inefficiently. Margaret Chan, Hong Kong's director of health, has said that H5N1 is not thought to be an airborne virus, and she has speculated that a health-care worker who fell ill with bird flu may have gotten it from contact with an infected patient's bodily secretions. Bird flu symptoms are similar to other strains of flu – fever, chills, sore throat and muscle aches. But because this is a new strain of influenza, the general population has no resistance to it, making it a more serious health threat.

However, researchers who performed blood tests on more than 500 poultry and laboratory workers and people who had contact with flu victims, discovered that nine of them had developed antibodies to the virus. This suggested that some people have been exposed to the virus without becoming ill.

CAPTION: Health workers carry rat traps into Hong Kong's Cheung Sha Wan chicken market, fearing rodents may carry the "bird flu" virus.

CAPTION: Masked government workers collect poultry at a Hong Kong farm in a massive drive to kill the territory's estimated 1.3 million chickens. The eradication effort is designed to stem the spread of "bird flu," which has killed four people.

THE LANCET

Eric CJ Claas, Albert DME Osterhaus, Ruud van Beek,
Jan C De Jong, Guus F Rimmelzwaan, Dennis A Senne, Scott Krauss,
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Human influenza A H5N1 virus related to a highly pathogenic avian influenza virus

Lancet, 14 February 1998; 351(9101): 472-477
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Erratum in: Lancet 1998 Apr 25;351(9111):1292
https://www.thelancet.com/journals/lancet/article/PIIS0140673697112120/fulltext

SUMMARY

Background

In May, 1997, a 3-year-old boy in Hong Kong was admitted to the hospital and subsequently died from influenza pneumonia, acute respiratory distress syndrome, **Reye's syndrome**, multiorgan failure, and disseminated intravascular coagulation. An influenza A H5N1 virus was isolated from a tracheal aspirate of the boy. Preceding this incident, avian influenza outbreaks of high mortality were reported from three chicken farms in Hong Kong, and the virus involved was also found to be of the H5 subtype.

Methods

We carried out an antigenic and molecular comparison of the influenza A H5N1 virus isolated from the boy with one of the viruses isolated from outbreaks of avian influenza by haemagglutination-inhibition and neuraminidase-inhibition assays and nucleotide sequence analysis.

Findings

Differences were observed in the antigenic reactivities of the viruses by the haemagglutination-inhibition assay. However, nucleotide sequence analysis of all gene segments revealed that the human virus A/Hong Kong/156/97 was genetically closely related to the avian A/chicken/Hong Kong/258/97.

Interpretation

Although direct contact between the sick child and affected chickens has not been established, our results suggest transmission of the virus from infected chickens to the child without another intermediate mammalian host acting as a “mixing vessel”. This event illustrates the importance of intensive global influenza surveillance.

Virology

Shortridge KF, Zhou NN, Guan Y, Gao P, Ito T,
Kawaoka Y, Kodihalli S, Krauss S, Markwell D, Murti KG,
Norwood M, Senne D, Sims L, Takada A, Webster RG.

Characterization of avian H5N1 influenza viruses from poultry in Hong Kong

Virology, 20 December 1998; 252 (2): 331-342
doi: 10.1006/viro.1998.9488. PMID: 9878612.

Abstract

The transmission of avian H5N1 influenza viruses to 18 humans in Hong Kong in 1997 with six deaths established that avian influenza viruses can transmit to and cause lethal infection in humans.

This report characterizes the antigenic and biological properties of the H5N1 influenza viruses isolated from chickens, ducks, and geese from farms and poultry markets in Hong Kong during 1997 and compares them with those of virus isolated from the index human case.

Each of the H5N1 viruses from Hong Kong poultry markets that were tested were lethal in chickens, possessed polybasic amino acids at the carboxy-terminus of HA1, and by definition were highly pathogenic in poultry.

The available nonpathogenic H5 influenza viruses and the pathogenic H5N1 virus from Hong Kong were analyzed with monoclonal antibodies prepared to A/chicken/Pennsylvania/1370/83 (H5N2).

The analysis revealed limited antigenic drift in 15 years and established that monoclonal antibodies are useful reagents for identification and antigenic analysis of avian strains that may transmit to humans in the future.

One of the monoclonal antibodies permitted separation of the H5N1 influenza viruses from poultry into two groups that correlated with the presence or absence of a carbohydrate at residue 158 adjacent to the receptor binding site on HA.

The H5N1 viruses examined replicated in geese, pigs, rats, and mice, but to only a very limited extent in ducks. It is noteworthy that all infected geese shed virus and that the H5N1 viruses caused disease signs and death in a portion (3 of 16) of the geese, with evidence of systemic spread to the brain. The tropism for geese is unusual and may provide insight into the origin of these viruses.

In mice, the H5N1 virus caused lethal pneumonia and spread systemically to the brain. Mice would thus provide an ideal model system for studying immune responses and pathogenesis. Transmission experiments in chickens revealed that the H5N1 viruses are spread by fecal-oral transmission rather than by aerosol, and that the viruses are inactivated by drying of feces at ambient temperature.

However, infectivity is maintained for at least 4 days in wet feces at 25 degrees C. There were differences in the morphology of the H5N1 viruses isolated from birds and humans.

The perpetuation of H5N1 influenza viruses in the poultry markets in Hong Kong and the transmission of these viruses to humans emphasize the importance of these markets in the epidemiology of influenza. The poultry markets are of critical importance in the perpetuation and transmission of influenza viruses to other avian species and to mammals, including humans.

Virology

Xiyan Xu, Kanta Subbarao, Nancy J. Cox, Yuanji Guo

Genetic characterization of the pathogenic influenza A/Goose/Guangdong/1/96 (H5N1) virus: similarity of its hemagglutinin gene to those of H5N1 viruses from the 1997 outbreaks in Hong Kong

Virology, 15 August 1999; 261 (1): 15-19
doi: 10.1006/viro.1999.9820. PMID: 10484749

Abstract

Analysis of the sequences of all eight RNA segments of the influenza A/G oose/Guangdong/1/96 (H5N1) virus, isolated from a sick goose during an outbreak in Guangdong province, China, in 1996, revealed that the hemagglutinin (HA) gene of the virus was genetically similar to those of the H5N1 viruses isolated in Hong Kong in 1997.

However, the remaining genes showed greater similarity to other avian influenza viruses.

Notably, the neuraminidase gene did no have the 19-amino-acid deletion in the stalk region seen in the H5N1 Hong Kong viruses and the NS gene belonged to allele B, while that of the H5N1 Hong Kong viruses belonged to allele A.

These data suggest that the H5N1 viruses isolated from the Hong Kong outbreaks derived their HA genes from a virus similar to the A/Goose/Guangdong/1/96 virus or shared a progenitor with this goose pathogen.

PNAS

Guan Y, Peiris JSM, Lipatov AS, Ellis TM, Dyrting KC,
Krauss S, Zhang LJ, Webster RG, Shortridge KF

Emergence of multiple genotypes of H5N1 avian influenza viruses in Hong Kong SAR

Proc Natl Acad Sci USA, 19 June 2002, 99 (13): 8950-8955
https://doi.org/10.1073/pnas.132268999

Abstract

Although A/Hong Kong/156/97 (H5N1/97)-like viruses associated with the "bird flu" incident in Hong Kong SAR have not been detected since the slaughter of poultry in 1997, its putative precursors continue to persist in the region.

One of these, Goose/Guangdong/1/96 (H5N1 Gs/Gd)-like viruses, reassorted with other avian viruses to generate multiple genotypes of H5N1 viruses that crossed to chickens and other terrestrial poultry from its reservoir in geese.

Whereas none of these recent reassortants had acquired the gene constellation of H5N1/97, these events provide insight into how such a virus may have been generated.

The recent H5N1 reassortants readily infect and kill chicken and quail after experimental infection, and some were associated with significant mortality of chickens within the poultry retail markets in Hong Kong.

Some genotypes are lethal for mice after intra-nasal inoculation and spread to the brain.

On this occasion, the early detection of H5N1 viruses in the retail, live poultry markets led to preemptive intervention before the occurrence of human disease, but these newly emerging, highly pathogenic H5N1 viruses provide cause for pandemic concern.

AMERICAN Scientist

Robert G. Webster, Elizabeth Jane Walker

Influenza: The world is teetering on the edge of a pandemic that could kill a large fraction of the human population

American Scientist, March-April 2003, 91(2): 122-129
http://people.scs.carleton.ca/~soma/biosec/readings/influenza/influenza.html

It has all the makings of a cheesy Hollywood horror flick: A shape-shifting killer travels the globe, leaving millions of corpses in its wake, and the world's medical community can't stop the carnage. It's a sophomoric idea for a movie script, but that's exactly what unfolded during the waning months of the first World War, late in 1918, and through much of 1919. Within 10 months the influenza virus affected the lives of up to 500 million people across the globe and killed at least 20 to 40 million – more than twice the number who died on the battlefields of World War I. Many epidemiologists believe that a similar scenario will happen again. But this time it will be worse.

This is not hyperbole. In 1997 the world came perilously close to another global epidemic of the "flu." If this particular virus had attained the ability to spread from person to person, the pandemic might have taken the lives of a third of the human population. As it was, only six people died – and all of them had contracted the virus from chickens sold in Hong Kong poultry markets. The only thing that saved us was the quick thinking of scientists who convinced health authorities to slaughter more than a million domesticated fowl in the city's markets. The avian virus turned out to be a new strain – one that the human population had never seen before. These deadly new strains arise a few times every century, and the next one may arrive any day now.

...

The purpose of this article is not to instill fear, but to educate – the more people there are who understand the problems, the more chance we will have to contain the next outbreak.

Inflewenza

Influenza is spread from person to person by coughs and sneezes, but the virus doesn't begin its journey in a human host. Instead, wild aquatic birds such as ducks and shore birds perpetuate the influenza viruses that cause human pandemics. Although these birds carry the genes for influenza in their intestines, they usually don't become sick from the virus. And because they can migrate thousands of miles, the healthy birds can spread the virus across the globe even before the microbe makes contact with the human population.

As it happens, the form of the virus found in wild birds doesn't replicate well in human beings, and so it must first move to an intermediate host—usually domestic fowl or swine – that drinks water contaminated by the feces of aquatic birds. Horses, whales, seals and mink are also periodically infected with influenza. Although the intermediate hosts can sicken and die from the infection, swine can live long enough to serve as "mixing vessels" for the genes of avian, porcine and human forms of influenza. This occurs because swine have receptors for both avian viruses and human viruses.

Swine have probably played an important role in the history of the human disease. These animals appear to serve as living laboratories where the avian and mammalian influenza viruses can come together and share their genes (a *reassortment* of RNA segments) and create new strains of flu. When a strain of virus migrates into the human population, it changes into a disease-causing microbe that

replicates in the respiratory tract. A sneeze or a cough spreads the virus in a contagious aerosol mist that is rich in virus particles.

Most pandemics originate in China, where birds, pigs and people live in close proximity. Hong Kong's 1997 "bird flu" was an avian influenza virus that probably attained virulence through reassortment of genes from geese, quail and teal. Many bird species were housed together in the Hong Kong poultry markets, and this was an ideal environment for reassortment. This strain of influenza killed thousands of chickens before it moved to human beings. Eighteen people were infected – all through direct transmission from chickens, not from contact with other people. In this instance, the outbreak was curtailed before the virus could mutate into a form that could spread from person to person. Scientists had known since 1972 that the influenza virus originated in aquatic birds, but the 1997 epidemic was the first case to document influenza's direct transference from poultry to people.

Anatomy of a Killer

Influenza viruses are members of the Orthomyxoviridae family, and they fall into one of four genera – A B, C and thogotovirus, which is a tick-borne virus. Type C influenza does not seem to cause serious disease. The type B virus, recently isolated from seals in Holland, often creates regional epidemics in human populations. But type A influenzas have avian lineages, and these are the viruses that cause human pandemics.

The influenza virus contains eight separate RNA segments that encode genes for at least 10 proteins. This unusual genetic structure explains why reassortment happens so often. If two different viruses infect the same cell, an exchange of gene segments can easily take place, yielding up to 256 (or 28) different offspring.

Type A influenzas are categorized by the structural variations of two glycoproteins, hemagglutinin (HA) and neuraminidase (NA), which protrude from the surface of the virus. HA's job is to attach the influenza virus to the sialic acid receptors on the surface of the human cell. After binding, the flu virus penetrates the host cell; there, viral RNA strands move into the cell's nucleus. The viral RNA strands encode messenger RNA and ultimately produce new virus particles. The task of NA is simple but important: It enables the newly created virus to separate from the host cell and travel freely from one cell to another through the respiratory tract.

Scientists have identified 15 HA and 9 NA subtypes, all of which are found in avian hosts. Epidemics occur when the HA or the NA proteins mutate. The subtypes of type A viruses are named according to the particular variants of the HA and NA molecules they contain – such as H1N1, the culprit in the 1918 holocaust and the 1976 "swine flu" scare, or H5N1, the "bird flu" of 1997.

Influenza's unpredictability springs from its ability to alter its HA and NA surface proteins and so avoid identification by the host's immune system. When a person is infected with the flu, the immune system produces antibodies and cell-mediated responses against all of the virus's gene products (antigens). If the person later encounters the same virus, his antibodies will bind to it and prevent an infection. However, the virus can alter *antigenic sites* – points on the HA and NA molecules where the antibodies would normally bind – by the process of *antigenic drift*. In DNA-based genomes a proof-reading enzyme carefully scrutinizes the process of copying a strand of DNA, catching and correcting any mistakes made during replication. But, like other RNA-based viruses, the influenza virus lacks a proofreader, so mistakes made during replication go uncorrected and the virus can mutate swiftly. The mutations can change the antigenic sites in such a way that the host's antibodies no longer recognize the virus.

The HA and NA molecules are particularly important in antigenic drift. As genetic point mutations are gradually accumulated by the viral genome, and the HA or NA genes and proteins have undergone several minor changes, the host's antibodies no longer recognize them, and the person may sicken again. Type B influenza strains use this process to alter the amino acid structure of these proteins and so evade the human immune system.

Every 20 to 30 years or so, the type A influenza virus undergoes an *antigenic shift*. If antigenic drift were compared to a shudder, antigenic shift would be likened to an earthquake. Antigenic shift engenders a much more immediate and dramatic change in the HA glycoprotein. During antigenic shift, genes from other influenza subtypes can completely replace the HA and NA proteins with new ones that the host has never experienced. When human immune systems cannot recognize the new virus, a pandemic ensues.

Scrutinizing the Shift

Influenza was first described by Hippocrates as early as 412 b.c., and the tiny virus has spent the succeeding centuries shifting, drifting and wreaking havoc. Humanity has been seeking ways to eliminate the threat since the first pandemic was recorded in 1580. Although the Spanish flu happened nearly a century ago, the extreme pathogenicity of the H1N1 1918 influenza virus is still not understood. Virologists have traveled the world to obtain samples of the virus so that they could unlock the secrets of its virulence, even exhuming victims from the Alaskan and Norwegian permafrost. Jeffery Taubenberger and his colleagues at the Armed Forces Institute of Pathology studied bodies and fragments of lung samples that had been stored in paraffin blocks since 1918. Through sequence and phylogenetic analysis of RNA fragments taken from the lung tissues, they determined that the virus was avian in origin but was closely related to a strain of influenza that is known to infect swine. Ongoing studies of the total genome sequence may someday uncover reasons for the potency of this strain of influenza. If they can understand the genome of the virus and the genome of the host, scientists may be one step closer to pinpointing which viruses in the wild will cross over to human beings.

When the H5N1 virus leapt from poultry to people in 1997, scientists from the World Health Organization (WHO) immediately began to investigate the phenomenon. Postmortem examinations of two victims revealed unusually high levels of cytokines – proteins such as interferon and tumor necrosis factor-alpha (TNF-a) – that regulate the intensity and duration of the immune response. These cytokines are the first line of defense against viruses. They are part of the *innate* immune response, a nonspecific response that will target any pathogen and does not require a previous exposure to a virus (unlike the production of antibodies, which does require the exposure to viral antigens). Studies of human macrophage cultures, by Malik Peiris and his colleagues in Hong Kong, show that the H5N1 virus causes an exaggerated response of cytokines (such as TNF-a), and this could result in a toxic-shock-like syndrome (including fever, chills, vomiting and headache), which ultimately results in death. Although the cytokines can sometimes inhibit its proliferation, the virus may develop strategies to subvert this innate immune response.

This is what happened in Hong Kong. The H5N1 virus found a way to circumvent the effects of the infection-fighting cytokines. Sang Seo, Erich Hoffmann and author Robert Webster at St. Jude Children's Research Hospital used *reverse genetics* – the opposite of the traditional gene-to-protein direction of genetic analysis – to identify a gene that played a crucial role in the transformation of the influenza virus. The new technology offers many tantalizing opportunities: It might drastically reduce the time required for vaccine production, and it might help scientists gain insights into viral pathogenicity.

We removed the so-called *nonstructural (NS)* gene from H5N1 and inserted it into a previously benign strain of flu. Experiments showed that the newly transformed virus was considerably more virulent in swine. Pigs infected with a virus that carried the *NS* gene experienced much more severe and prolonged fever, weight loss and viremia than pigs that were not infected with a virus containing that gene. This suggests that the product of the *NS* gene, the NS1 protein, plays a crucial role in limiting the antiviral effects of the cytokines. According to Adolfo García-Sastre and Peter Palese of the Mount Sinai School of Medicine, and their colleagues, the NS1 protein seems to do this by downregulating the expression of genes involved in the molecular pathway that signals the release of the cytokines.

Gene sequencing reveals that a single point mutation occurred in the *NS* gene of the Hong Kong virus. This changed the identity of an amino acid – glutamic acid at position 92 in the NS1 protein – which produced a version of the protein that was much more effective at downregulating the activation of the cytokines than the normal version. This made the Hong Kong virus much more virulent than other influenza viruses – a remarkable consequence for such a tiny alteration. These discoveries might help us to understand the extreme pathogenicity of the 1918 influenza virus, and they perhaps suggest new targets for drug development.

In 2001 a new variety of the H5N1 virus surfaced in the live poultry markets of Hong Kong, but this time the fowl were slaughtered before people could become infected. Yet another genotype of H5N1 appeared in 2002. This evidence indicates that viruses similar to the 1997 strain are still circulating in the bird population of Southeast China. They are reassorting and making new versions of H5N1 – not the same virus that surfaced in 1997, but different mutations that retain the same HA and NA configurations.

...

WHO and the developed nations of the world have created pandemic plans that specify ways to prepare for a world crisis.

In the United States, the plan includes measures for improving surveillance systems and increasing the breadth of the country's vaccination programs. The plan also supports research into detection of new strains and the creation of new vaccines and antivirals.

The national pandemic plan addresses such topics as communication systems, as well as medical readiness and how community services will be maintained.

One way to prepare for the inevitable pandemic is to vaccinate as many people as possible during the interpandemic years.

...

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Академик Дмитрий Львов:

"Птичий грипп" в тысячи раз опаснее атипичной пневмонии

REGNUM, 10 февраля 2004, 00:04
https://regnum.ru/news/215451.html

Москва, 10 февраля, 2004, 00:04 – ИА Регнум. "Птичий грипп" в тысячи раз опаснее так называемой атипичной пневмонии. Об этом, как сообщили корреспонденту ИА REGNUM в "Инфо-Центре" Союза журналистов России, заявил 9 февраля на пресс-конференции в Центральном Доме журналиста академик Дмитрий Львов, директор института вирусологии им.Д.И.Ивановского РАМН.

По словам Д. Львова, "куриным гриппом" в мире заболели уже 20 человек, из них 16 скончались. Ученые пока не зафиксировали случаев передачи инфекции от человека к человеку. Директор Института вирусологии отметил, что грипп у птиц - это кишечная инфекция, которая может передаваться человеку лишь через воду и почву. "Вирус не может попасть в организм человека при употреблении в пищу мяса птиц, - добавил академик. - При термообработке инфекция гибнет".

По словам Д. Львова, подобные вирусы науке уже знакомы. "Все известные сегодня 15 видов гриппа изначально были обнаружены среди птиц, - отметил он. На человека действуют три вида гриппа, и примерно три-четыре раза в сто лет человечество сталкивается с новыми эпидемиями. В частности, в 1919 году от гриппа "испанка" погибло 50 млн. человек. По мнению ученого, при смешении вирусов гриппа птицы и человека может возникнуть новый опасный гибрид, что приведет к массовой эпидемии. К счастью, пока этого не произошло, добавил Д. Львов.

Сейчас ученые изучают слабопатогенные штаммы вируса, которые были выделены от диких птиц. По словам академика, этот материал может быть использован при производстве вакцины для борьбы вирусами, распространенными в Юго-Восточной Азии.

newsru.com В РОССИИ

Миру угрожает вирус пандемического гриппа, может погибнуть миллиард человек

News.ru, 28 октября 2004, 18:51
https://www.newsru.com/russia/28oct2004/pandemonia.html

В ближайшие годы в мире появится смертельно опасный вирус пандемического гриппа. В случае начала пандемии гриппа в мире за полгода могут умереть до одного миллиарда человек. Такой прогноз дал в четверг на пресс-конференции в Москве директор Института вирусологии им. Д.И. Ивановского, академик РАМН, профессор Дмитрий Львов.

"Если новый вирус возникнет, то за полгода в мире могут погибнуть до одного миллиарда человек. Американские аналитики сделали вывод, что в случае начала пандемии заразиться могут 700 тысяч жителей этой страны, из них 300 тысяч или более могут погибнуть. Этот сценарий реально возможен и для России - заразится и погибнет примерно такое же количество человек", - сказал он.

Он затруднился ответить на вопрос, когда может возникнуть пандемия гриппа, однако высказал мнение, что вероятность возникновения пандемии гриппа в этом году очень велика. "Существует стопроцентная гарантия, что вирус пандемического гриппа появится в мире не в этом, так в следующем или в ближайшие годы", - сказал Львов. "Как это бывало и в прошлом, из уже существующих вирусов гриппа обязательно генерируется новый, который и вызовет пандемию. Осталось полшага до пандемической катастрофы в мире", - добавил ученый.

По мнению Львова, пандемия гриппа скорее всего будет вызвана мутацией вируса так называемого "птичьего" гриппа (H3N2), сообщает ИТАР-ТАСС. От этой разновидности гриппа смертность составляет до 70%, отметил академик. "В Юго-Восточной Азии от этого гриппа погибли сотни миллионов птиц, но самое страшное - это то, что вирус попал в популяцию свиней. Среди людей было 45 случаев заболевания "птичьим" гриппом, 70% заболевших погибли, однако, к счастью, только в одном случае - и тот не доказан - вирус "птичьего" гриппа был передан от человека к человеку", - сказал Львов.

По его словам, в настоящее время вирус "птичьего" гриппа "заражает человека неохотно". Однако, считает Львов, есть вероятность возникновения новой разновидности "птичьего" гриппа, которая будет передаваться от человека к человеку. В частности, по его словам, так называемое перемешивание вирусов обычного и "птичьего" гриппа может произойти в организме обычной свиньи.

Львов описал механизм возможной генерации нового вируса гриппа. "Это может случиться только в том случае, если два вируса птичьего гриппа - один от птицы, другой - от человека - заразят свинью. Свиньи одинаково легко заражаются вирусами "человеческого" и "птичьего" гриппа, - пояснил ученый. - В клетках свиньи, одновременно заразившейся этими двумя вирусами, произойдет так называемая реасортация - перемешивание вирусов. А новый вирус может обладать способностью передаваться от человека к человеку. Таким образом возникает пандемический грипп".

Напомним, что 20 октября Гендиректор Всемирной организации здравоохранения (ВОЗ) Чон Вук Ли заявил, что вирус предстоящей пандемии гриппа будет схож с возбудителем "птичьего" гриппа. Чон Вук Ли отметил, что штаммы этого вируса гриппа уже были зафиксированы. "Мы должны быть готовы к тому, что эпидемия примет глобальный характер", - заявил он. По его словам, выработка вакцины пока еще не началась. "Сейчас мы не можем приступить к выработке вакцины, поскольку не знаем, вирус какого штамма будет в этом году", - сказал он. Гендиректор ВОЗ отметил, что "наш долг быть готовыми к самой худшей ситуации, нам нельзя забывать, что в 1919 году был вирус "испанки", а в 1970-х - азиатский грипп". "Уже были предупредительные сигналы. Сейчас - это "птичий" грипп. Мы изучаем эти вопросы и готовимся", - отметил гендиректор ВОЗ.

В России уже сейчас надо подготовить резерв в 300-400 тысяч мест в больницах

Российской системе здравоохранения необходимо вести тщательную подготовку для того, чтобы в случае начала пандемии суметь локализовать очаг заболевания. "Необходимо иметь коечные и лекарственные резервы с тем, чтобы в случае необходимости немедленно начать лечение заразившихся. Может произойти так, что единомоментно заболеют 700 тысяч человек и порядка 300-400 тысяч из них необходимо будет поместить в больницы с возможностью интенсивной терапии. Есть ли у нас такой резерв, я не знаю" - сказал директор Института вирусологии им. Д.И. Ивановского, академик РАМН, профессор Дмитрий Львов.

Он рассказал, что в его институте собран коллектив из восьми лабораторий, который на протяжении последних лет проводили мониторинг за циркулирующими на территории вирусами гриппа. "Этот мониторинг показывает, что все известные науке вирусы гриппа у нас в России есть, и это те вирусы, которые могут послужить строительным материалом для будущего пандемического вируса", - сказал он.

Львов также сообщил, что научным коллективом возглавляемого им института уже на настоящий момент "разработаны современные диагностические тест-системы, которые позволят быстро и надежно сказать, какой возбудитель находится в теле зараженного; все существующие противогриппозные препараты проверены на эффективность против птичьего гриппа, проверка показала, что все они, в принципе, эффективны".

"Также нашими лабораториями получен вариант вакцины, который, возможно, будет эффективен против "птичьего" гриппа. При создании этого кандидата в вакцины против птичьего гриппа ученые использовали штаммы гриппа, выведенные в России", - отметил он.

В свою очередь, выступившая на пресс-конференции заместитель начальника управления эпидемиологического надзора Федеральной службы по надзору в сфере защиты прав потребителей и благополучия человека Галина Лазикова сообщила, что ВОЗ подготовила примерный план на случай пандемии гриппа. В России этот план был адаптирован и в настоящее время образец плана разослан во все регионы страны. По словам Лазиковой, это было сделано для того, чтобы регионы создали необходимый резерв лекарств и мест в больницах, сообщает "Интерфакс".

Эпидемия гриппа в России может начаться уже в конце ноября, россиян призывают пройти вакцинацию

Эпидемия гриппа в России может начаться уже в конце ноября, сообщил академик Дмитрий Львов. "Всему населению страны необходимо пройти вакцинацию от гриппа в ближайшее время", - заявил он.

"Вакцинация не предохраняет от заболевания, но предохраняет от смерти. Я думаю, что людям дороже их жизнь и жизнь их детей, чем здоровье, поэтому призываю всех к вакцинации", - сказал Львов.

Он отметил, что в мире от гриппа ежегодно погибают 14 миллионов человек, а в России от гриппа гибнут 30 тысяч человек в год, сообщает РИА "Новости".

Между тем, как сообщила первый заместитель мэра в правительстве Москвы Людмила Швецова на заседании санитарно-противоэпидемиологической комиссии 21 октября, работа по профилактике гриппа и ОРВИ, в городе привиты всего 52 тыс. человек. По ее данным, ежегодно в столице регистрируются от 2,5 до 3 млн больных гриппом и ОРВИ (10% от всех заболевших в России), среди которых более 50% детей.

Птичий грипп: опасный вирус-мутант

"Птичий" грипп - это инфекция, которая вызывается одним из штаммов вируса гриппа (типа А) и может поражать все виды пернатых. Особенно чувствительны к этой болезни домашние птицы: индюки и куры.

До недавнего времени считалось, что вирусы "птичьего" гриппа не опасны для людей и в случае заражения вызывают у них быстро проходящие симптомы конъюнктивита, легкое недомогание и иногда слабо выраженные признаки респираторного заболевания.

Однако в 1997 году в Гонконге "куриным" гриппом тяжело заболели 18 человек, 6 из которых умерли. Исследования показали, что вирус передавался напрямую от птиц человеку. По данным Всемирной организации здравоохранения (ВОЗ), на 11 февраля 2004 года в странах Юго-Восточной Азии были выявлены и лабораторно подтверждены 20 случаев "птичьего" гриппа у людей, 16 из которых - смертельные.

Как говорят эксперты, до сих пор все случаи заболевания людей птичьим гриппом связываются с непосредственным контактом человека с заболевшей птицей, однако Всемирная организация здравоохранения (ВОЗ) предупреждает, что в принципе этот передающийся воздушным путем вирус может быть гораздо более опасным, чем атипичная пневмония (SARS). Смертность в этом случае гораздо выше, чем у вируса SARS.

Признаки "куриного" гриппа ничем не отличаются от обычного: высокая температура, головная боль, недомогание, першение в горле, несильный кашель. Эта инфекция также опасна своими осложнениями: развитием вирусной пневмонии, поражением почек, печени, кроветворных органов. Именно эти последствия и приводят к смерти больных.

Особые опасения медиков вызывает то, что сейчас вирусы "человеческого" и "куриного" гриппа циркулируют одновременно. Их смешение может привести к мутации. Мутировавший вирус может легко передаваться от человека к человеку. Если такое произойдет, нам грозит развитие пандемии (эпидемии мирового масштаба).

Ученые предполагают, что ключевую роль в распространении инфекции играют перелетные птицы, особенно те, что курсируют между Китаем и дальневосточными регионами России.

Пока в России случаев "куриного гриппа" не зарегистрировано.

DAILY NEWS

Mortimer B. Zuckerman

A Nightmare Scenario

Daily News: Ideas & Opinions, 20 June 2005
https://web.archive.org/web/20050622022123/http://www.nydailynews.com/news/ideas_opinions/story/320544p-274148c.html

Should we sound the alarm for a worldwide epidemic that might not occur? There is no choice with the avian flu emerging from Asia. Last week's disclosure that an Indonesian man tested positive for the bird flu that has already killed more than 50 people in Southeast Asia was just the latest chilling news about the disease. Should it develop certain genetic changes, international health experts warn, bird flu could spark a global pandemic, infecting as much of a quarter of the world's population and killing as many as 180 million to 360 million people - at least seven times the number of AIDS deaths, all within a matter of weeks.

This is utterly different from ordinary flu, which kills between 1 million and 2 million people worldwide in a typical year. In the worst previous catastrophic pandemic, in 1918, more than 20 million died from the Spanish Flu. That's more than the number of people who died from the Black Death in the Middle Ages, and more people killed in 24 weeks than AIDS killed in 24 years.

There are three elements to a pandemic. First, a virus emerges from the pool of animal life that has never infected human beings, meaning no person has antibodies to fight it. Second, the virus has to make us seriously ill. Third, the virus must be capable of moving swiftly from human to human through coughing, sneezing or just a handshake.

For avian flu, the first two elements are already with us. Well over half the people who have contracted it have died. The question now is whether the virus will meet the third condition: mutating so that it can spread rapidly from human to human.

The new flu has already moved from chickens to other birds and on to pigs. The latter often serve as a vessel for mixing human and animal viruses because the receptors on the respiratory cells of pigs are similar to those of humans. This illustrates the dangers we face, because this mixture of bird flu and human flu, in an animal or a person, could cause the viruses to exchange genetic materials and create an entirely new viral strain capable of sustaining efficient human-to-human transmission.

That would be the tipping point to a pandemic.

Nobody knows just how close we might be to such a crisis, but experts are alarmed because we are singularly ill-prepared. Worldwide, we currently produce only about 300 million doses of flu vaccine a year to serve more than 6 billion people. A pandemic that began in Asia could race around the globe in days or weeks, given the number of airliners crisscrossing the oceans from Tokyo, Vietnam and Indonesia to New York, Los Angeles and London.

We should be doing a whole lot more.

First: We need operational blueprints to get various populations through one to three years of a pandemic. We must coordinate the responses of the medical community, of food providers, of

transportation and of care for first responders from public health, law enforcement and emergency management at the international, federal, state and local levels.

Second: We must strengthen the World Health Organization so that it can be an accurate clearinghouse of information about the scope and location of the disease, should it begin to spread, and quell false rumors that could lead to global panic.

Third: We must track the human cases already documented so as to gain the very earliest warning of any transformation of the disease, and thus of an emerging pandemic. Days would be critical.

Fourth: The Bush administration must think of this as terrorism to the nth degree and immediately set up a senior-level emergency task force to develop a strategy. It could serve as a permanent framework for curtailing the spread of future infectious diseases.

Fifth: We must prioritize research money to develop a vaccine, expand the production of flu vaccine and stockpile antiviral medications. It would be irresponsible to begrudge time and money.

A pandemic could well bring global, national and regional economies to an abrupt halt in a world that relies on the speed and distribution of so many products. It could also lead many countries to impose useless but highly destructive quarantines that would disrupt trade, travel and production - something that has never happened with AIDS, malaria or tuberculosis. At home, many venues of human contact - schools, movie theaters, transportation hubs and businesses - would have to be shuttered.

Imagine the chaos. These killer viruses simply can't be isolated in any part of the world. If avian flu were allowed to develop into a pandemic, it would be a direct threat to our health, security and prosperity.

The word influenza derives from the Latin influentia, reflecting the belief at the time that epidemics were due to the influence of the stars. Today, we have moved far beyond that fantasy, but even so, the world is clearly not ready for an avian-flu pandemic. With the scientific consensus already shifting from if to when the next global outbreak takes place, we have no time to lose.

United Nations

David Nabarro

Press Conference by UN System Senior Coordinator for Avian, Human Influenza

New York, United Nations, 29 September 2005.
https://press.un.org/en/2005/050929_Nabarro.doc.htm

The newly appointed Senior United Nations System Coordinator for Avian and Human Influenza unveiled today a three-pronged global programme to curb the potentially deadly impact if the flu virus now killing millions of birds mutated and crossed into the human population.

David Nabarro, one of the most senior public health experts in the World Health Organization (WHO), said at a press conference that United Nations organizations were working with officials around the world to raise awareness and prepare for any potential human influenza pandemic. While it was not possible to predict that the avian flu virus, which had swept through Asia and decimated poultry stocks, would definitely mutate and cross over into humans, the potential threat of a flu epidemic was serious.

"I am certain that there will be another influenza pandemic sometime", he said in response to a question about the likelihood of an epidemic. Health experts agreed that the long period of time since the last serious flu epidemic, which had killed tens of millions of people in 1918-1919, meant the world was overdue for another epidemic. "In the natural history of these things, I am almost certain that there will be another pandemic soon."

He said the likelihood of the bird flu virus jumping into the human population was generally thought by health officials to be high. "I'm not sure whether 'almost certain' is the impression I'd like to have conveyed to you, but it does seem very likely and it would be extremely wrong for me as a public health person to be ignoring this threat." Dr. Nabarro joined WHO in 1999 and was appointed Executive Director of Sustainable Development and Health Environments in July 2002. He was also a senior policy adviser to the Director-General.

He said that the number of deaths that would result from any pandemic would depend on where the outbreak occurred, the speed with which health and Government officials discovered the outbreak, the response initiatives and the quality of these initiatives. Countries with limited health-care systems that could not care for many ill people and that did not openly transfer information from the local to the national levels would affect the final number of deaths. "I'm not, at the moment, at liberty to give you a prediction on numbers, but I just want to stress, that, let's say, the range of deaths could be anything from 5 to 150 million."

The work done on prevention and preparedness over the next few months would make the difference between, for example, whether the next pandemic led in the direction of 150 million or in the direction of 5 million", he said, adding, "Our effectiveness will be directly measured in lives saved and the consequences for the world." The coordinated United Nations system-wide effort against a flu epidemic would tap into the technical guidance provided through the Organization's

specialized agencies responsible for animal and human health – WHO and the Food and Agricultural Organization (FAO). That effort would also envelop the World Bank; the World Organization for Animal Health, an intergovernmental agency that was not part of the United Nations system; development banks; and non-governmental organizations such as the International Federation of Red Cross and Red Crescent Societies. The United Nations effort would also work with national, regional and local Government officials, who would play a key part in the effort.

He said that the first pillar of the programme would focus on preventative efforts to control the spread of avian flu. That effort would involve Government officials at all levels, farmers and corporations involved in chicken farming, as well as communities where people lived in close proximity to their poultry. The second pillar would focus on the preparedness of officials, agencies and communities in case the avian flu virus were to cross over into humans. “There would be a short interval between discovery and the time when the pandemic starts. It would be a matter of weeks.” The third pillar would focus on the responses of the United Nations system and other agencies and health officials. Officials wanted to minimize the effect of a pandemic on people’s health, as well as on trade, travel and the economy.

In response to a question, he said that the United Nations Coordination Office, officially created on Wednesday, would operate out of New York, tapping into the expertise of United Nations personnel throughout the system, with an initial budget of $2 million. A meeting organized by WHO, FAO, the World Bank and other agencies would be held on 7 November in Geneva. It would look at financing mechanisms and other topics to help develop the necessary initiative.

The Washington Post

David Brown

Military's Role in a Flu Pandemic

The Washington Post, 5 October 2005
https://www.washingtonpost.com/wp-dyn/content/article/2005/10/04/AR2005100400681.html

President Bush said yesterday that he would consider using the military to "effect a quarantine" in the event of an outbreak of pandemic influenza in the United States.

Responding to a question during a news conference, Bush also suggested that putting National Guard troops under federal, rather than state, control might be one part of a response to the "catastrophe" of an avian influenza outbreak. The president raised the same idea after Hurricane Katrina, suggesting that he is considering a greater role for the military in natural disasters.

The president gave no details on the specific role troops might play or what sort of quarantine might be invoked. The federal government's pandemic-response plan, the product of more than a year of work, is expected to be released soon.

Most public health experts believe it is impossible to entirely isolate neighborhoods, towns, cities or regions during an outbreak of disease. Instead, quarantines today generally refer to a variety of strategies for identifying and limiting the movement of people who are infected with a contagious pathogen or are at high risk.

That might include screening travelers for fever and flu symptoms; prohibiting large gatherings of people, including at some workplaces; and requiring that people exposed to infected individuals stay at home until the incubation period for the illness has passed. China took these measures during the outbreak of severe acute respiratory syndrome in 2003.

"The policy questions for a president in dealing with an avian flu outbreak are difficult," Bush said. "One example: If we had an outbreak somewhere in the United States, do we not then quarantine that part of the country? And how do you, then, enforce a quarantine? . . . And who best to be able to effect a quarantine?"

He did not answer his own questions, but after the last one, he said: "One option is the use of a military that's able to plan and move. So that's why I put it on the table. I think it's an important debate for Congress to have."

The president said some governors object to the idea of federal control of state National Guard units in emergencies. He added that, as a former governor, "I understand that. . . . But Congress needs to take a look at circumstances that may need to vest the capacity of the president to move beyond that debate. And one such catastrophe or one such challenge could be an avian flu outbreak."

A strain of avian influenza called H5N1 has led to the death of more than 140 million birds in Asia. It has infected 116 people, of whom 60 have died.

The government is stockpiling antiviral medications and an experimental "bird flu" vaccine as a defense against the virus, should it develop the capacity to spread easily and quickly in human beings.

MSNBC

Brock N. Meeks

Homeland Security to be lead in flu crisis
But DHS will defer all medical response to Health and Human Services

MSNBC, 11 October 2005
https://web.archive.org/web/20051013123806/https://msnbc.msn.com/id/9654456/

Washington. – If the nightmare of an avian flu pandemic emerges from the dark chapters of doomsday scenarios, it will fall to the Department of the Homeland Security, not the medical establishment, to manage the crisis, according to federal documents and interviews with government officials.

The DHS lead role, however, seems at odds with operational plans that call for the Department of Health and Human Services to be the government's go-to agency in such a crisis.

According to current documents outlining operational plans for public health and medical emergencies, HHS "is the primary Federal Agency responsible for public health and medical emergency planning, preparations, response, and recovery."

That HHS planning document, currently under revision and circulating among federal agencies for comment, seemingly conflicts with the federal National Response Plan, a kind of overarching playbook for how to manage any number of national disasters, from terrorist events to hurricanes and floods. But under the National Response Plan, which also plans for actions in case of pandemics, DHS assumes top authority when an "incident of national significance" is declared.

Officials from DHS and HHS told MSNBC.com that the departmental statements outlining the chain of authority aren't in conflict at all.

An influenza pandemic "would obviously be declared an 'incident of national significance and DHS would be the overall in-charge agency," said Brian Doyle, a DHS spokesman.

Doyle noted the "unique partnership" his agency has with HHS. "HHS would be the lead agency on the health side of it," he said, echoing comments made by Homeland Security Secretary Michael Chertoff in late August.

The first such "incident of national significance" was declared in August after Hurricane Katrina hit; however, federal coordination among agencies and state and local governments broke down on so many levels that even President Bush was forced to acknowledge that the plan was flawed.

In the event of a flu pandemic, "the way it works is that DHS is going to turn to [HHS] to work with the states and the locals on the actual health and medical response to what's going on," said Mark Wolfson, an HHS spokesman.

"In the meantime, if we're dealing with a pandemic situation, where we've got people getting sick all over the country and all over the world, then what Homeland Security is going to be doing is coordinating the overall federal response to implications of the pandemic," he said.

Role playing the pandemic

Federal officials have been role playing different flu outbreak scenarios for the past several months and the results have lead to revisions in the current plan, which was drafted last year.

Last year's plan called for closing of schools, restricting travel and implementing textbook, lock-down quarantine measures. Those extreme measures jumped into the spotlight last week when President Bush suggested that federal military troops – not just the National Guard – may have to be called in to enforce a quarantine.

DHS officials privately acknowledge that any such forced quarantine could swiftly turn violent, with people rioting to get away from a perceived diseased area.

"If you quarantine it's going to get ugly really quick, I'm afraid," said a DHS official who spoke on the condition of anonymity, saying he was not authorized to talk about internal planning discussions.

It's just that potential for chaos that has the administration examining the steps needed to allow the President to put federal troops in charge of the situation.

"These are all issues that we need to look at, and that's why [President Bush] thinks there needs to be a robust discussion with Congress and do we need to establish some sort of trigger that would automatically say the federal government, and specifically, the military, is the one that will be in charge of stabilizing the situation," said White House Spokesman Scott McClellan during a Sept. 26th press conference. "And then the Department of Homeland Security would come back into play once the situation is stabilized," McClellan said.

Some medical experts aren't sold on the military's hinted role in a pandemic. "One of the issues is that the current influenza pandemic plan is supposed to carry a large military role, the problem there is I'm not sure how much the military has, at this point, been involved with [dealing with pandemics]," said Dr. Stephen Morris, an epidemiologist, the National Center for Disaster Preparedness and founder of the Center for Public Health Preparedness.

Morris, however, isn't bothered by the dual responsibility roles laid out by DHS and HHS officials. "So the reality is, once [the Federal government] kicks into action I think, yes, there are obviously roles for both of those agencies," Morris said. "HHS does have the lead in the medical aspect… There are obviously a lot of non-medical things that will have to be done in terms of traffic control, logistics and I'm sure there will be a role for the Department of Homeland Security, so I agree it's not mutually exclusive."

Who's on first?

It's one thing to put down on paper how an agency will respond in case a pandemic hits; it's a whole other matter to draft a plan detailing what agency will literally keep the trains running, the mail flowing and lights turned on.

The worst case mortality figures contained in the government's current draft plan for dealing with a pandemic are 1.9 million fatalities, according an expert who has reviewed the plans. The best case scenario is 200,000 dead.

"How do you provide food, water ... basic security for the population?" asked Michael Osterholm of the University of Minnesota, a government adviser who has a copy of the draft plan and described it for The Associated Press.

The plan makes it clear that the U.S. is woefully unprepared should a pandemic hit. All kinds of shortages are noted, everything from not enough vaccines to the seemingly mundane: special surgical masks to prevent infection.

Democrats have criticized the administration for not having a plan. Sen. Tom Harkin, an Iowa Democrat, said in a statement Saturday that time for action was short.

"Having a plan on paper does nothing to protect us," Harkin said while urging the administration to work with Congress on implementing protections against a pandemic. "Next month is too late. The United States is woefully unprepared for this, and we must get started immediately."

Bilderbergers, Rumsfeld Profit from Avian Flu Scam

Global News Matrix, 24 October 2005
https://www.jesus-is-savior.com/Evils%20in%20Government/birdflu_scam.htm

You can't make any real money without a boogeyman, and the new "Bird Flu" hoax is the latest scam used to generate profits for pharmaceutical company insiders.

"Finally, the pieces of the puzzle start to add up," writes Dr. Joseph Mercola, author of the "Total Health Program." "President Bush sought to instill panic in this country by telling us a minimum of 200,000 people will die from the avian flu pandemic but it could be as bad as 2 million deaths in this country alone." http://mercola.com/blog/2005/oct/19/rumsfeld_to_profit_from_avian_flu_hoax

"This hoax is then used to justify the immediate purchase of 80 million doses of Tamiflu, a worthless drug that in no way shape or form treats the avian flu, but only decreases the amount of days one is sick and can actually contribute to the virus having more lethal mutations," Mercola continues.

"So the U.S. placed an order for 20 million doses of this worthless drug at a price of $100 per dose. That comes to a staggering $2 billion.

US Defense Secretary Donald Rumsfeld, former chairman of Gilead, the manufacturer of Tamiflu, will also make big profits, since he is a major shareholder.

Better yet, Bilderberger spokesman Etienne F. Davignon (Vice-Chairman, Suez-Tractebel) and Reagan-Bush Cabal insider former Secretary of State George P. Shultz, PhD (Distinguished Fellow, Hoover Institution, Stanford University) are also on the board of directors of Gilead.

Another Bilderberger regular is Lodewijk J.R. de Vink, who sits on the board of Hoffman-La Roche, Gilead's partner. http://www.roche.com/home/company/com_gov/com_gov_dir/com_gov_dir_vink.htm

In other words, the "Bird Flu" scam will generate outrageous profits for globalist-insiders like Shultz, Rumsfeld, Davignon, and de Vink.

And where did Tamiflu come from?

According to the Gilead website, "In September 1996, Gilead and F. Hoffmann-La Roche Ltd. entered into a collaborative agreement to develop and market therapies that treat and prevent viral influenza. Under the agreement, Roche received exclusive worldwide rights to Gilead's proprietary influenza neuraminidase inhibitors, including orally administered Tamiflu (oseltamivir phosphate), formerly known as GS 4104. As part of this collaboration, Gilead and Roche jointly conducted clinical development of oseltamivir phosphate, with Roche funding all research and development costs. Roche has worldwide commercial rights to Tamiflu, and Gilead receives payments from Roche for the successful completion of program milestones and royalties on product sales.")

It should be remembered that Rumsfeld loves pharmaceutical scams. It was after all Rumsfeld, as chairman of G.D. Searle, who pressured the FDA to get Aspartame approved.

The FDA blocked its approval for ten years before Rumsfeld twisted arms and broke who knows how many legs at the FDA. Now Aspartame, an artificial sweetener as ubiquitous as it is toxic, continues to poison America and the world.

So here's an advertising tagline.

Tamiflu – It's the Bird-Flu Scam-Drug For You

The New York Times

Rumsfeld to Avoid Bird-Flu Drug Issues

The New York Times, 28 October 2005, p. A13
https://www.nytimes.com/2005/10/28/politics/rumsfeld-to-avoid-birdflu-drug-issues.html

Washington, Oct. 27 – Defense Secretary Donald H. Rumsfeld has recused himself from government decisions concerning medications to prevent or treat avian flu, rather than sell his stock holdings in the company that patented the antiviral agent Tamiflu, according to a Pentagon memorandum issued Thursday.

The memorandum, to Mr. Rumsfeld's staff from the Pentagon general counsel, said the defense secretary would not take part in decisions that may affect his financial interests in Gilead Sciences Inc.

Before becoming defense secretary in January 2001, Mr. Rumsfeld was chairman of Gilead. On each of his annual financial disclosure statements, he has listed continued stock holdings in the company.

Gilead holds the patent on Tamiflu, but contracts for it are signed with an American subsidiary of F. Hoffman-LaRoche Ltd., which holds marketing and manufacturing rights.

Mr. Rumsfeld will remain involved in matters related to the Pentagon response to an outbreak, so long as none affect Gilead.

Nelson Schwartz

Rumsfeld's Growing Stake in Tamiflu

CNN, 31 October 2005
https://money.cnn.com/2005/10/31/news/newsmakers/fortune_rumsfeld/

New York (Fortune) – The prospect of a bird flu outbreak may be panicking people around the globe, but it's proving to be very good news for Defense Secretary Donald Rumsfeld and other politically connected investors in Gilead Sciences, the California biotech company that owns the rights to Tamiflu, the influenza remedy that's now the most-sought after drug in the world.

Rumsfeld served as Gilead (Research)'s chairman from 1997 until he joined the Bush administration in 2001, and he still holds a Gilead stake valued at between $5 million and $25 million, according to federal financial disclosures filed by Rumsfeld.

The forms don't reveal the exact number of shares Rumsfeld owns, but in the past six months fears of a pandemic and the ensuing scramble for Tamiflu have sent Gilead's stock from $35 to $47. That's made the Pentagon chief, already one of the wealthiest members of the Bush cabinet, at least $1 million richer.

Rumsfeld isn't the only political heavyweight benefiting from demand for Tamiflu, which is manufactured and marketed by Swiss pharma giant Roche. (Gilead receives a royalty from Roche equaling about 10% of sales.) Former Secretary of State George Shultz, who is on Gilead's board, has sold more than $7 million worth of Gilead since the beginning of 2005.

Another board member is the wife of former California Gov. Pete Wilson.

"I don't know of any biotech company that's so politically well-connected," says analyst Andrew McDonald of Think Equity Partners in San Francisco.

What's more, the federal government is emerging as one of the world's biggest customers for Tamiflu. In July, the Pentagon ordered $58 million worth of the treatment for U.S. troops around the world, and Congress is considering a multi-billion-dollar purchase. Roche expects 2005 sales for Tamiflu to be about $1 billion, compared with $258 million in 2004.

Rumsfeld recused himself from any decisions involving Gilead when he left Gilead and became Secretary of Defense in early 2001. And late last month, notes a senior Pentagon official, Rumsfeld went even further and had the Pentagon's general counsel issue additional instructions outlining what he could and could not be involved in if there were an avian flu pandemic and the Pentagon had to respond.

As the flu issue heated up early this year, according to the Pentagon official, Rumsfeld considered unloading his entire Gilead stake and sought the advice of the Department of Justice, the SEC and the federal Office of Government Ethics.

Those agencies didn't offer an opinion so Rumsfeld consulted a private securities lawyer, who advised him that it was safer to hold on to the stock and be quite public about his recusal rather than sell and run the risk of being accused of trading on insider information, something Rumsfeld doesn't believe he possesses. So, he's keeping his shares for the time being.

The Gainesville Sun | Gainesville.com

Diane Chun

Experts dismiss scare over bird flu

The Gainesville Sun, 1 November 2005, 6.01 AM
https://web.archive.org/web/20051130104444/http://www.gainesville.com/apps/pbcs.dll/article?AID=/20051101/LOCAL/51101021/1078/news

At a time when headlines trumpet the potential dangers of "bird flu," **Gary Butcher** is the man of the hour.

Butcher has been an extension veterinarian at the University of Florida's College of Veterinary Medicine since 1988. He was trained as a veterinarian specializing in avian diseases, and has a Ph.D. in poultry virology.

As the only poultry veterinarian in the state, Butcher fields phone calls and e-mails about avian flu every day. Lately, he's been traveling the world, speaking to alarmed government officials and industry groups dispelling the myths and reinforcing the realities of avian influenza or so-called "bird flu."

Gary Butcher begins his presentation with a slide that shows a "news flash" from the British press agency Reuters reporting that avian flu "poses the single biggest threat to the world right now."

The H5N1 avian flu virus has led to the death of 150 million birds, either through infection or culling to prevent the virus from spreading. So far, however, the number of people who have become infected remains small, with 121 confirmed illnesses and 62 reported fatalities as of Monday. No one has yet been proven to have given avian influenza to someone else.

The World Health Organization continues to warn that a human pandemic may occur and has advised national governments to make contingency plans. President Bush is expected to announce today the White House strategy for handling a potential pandemic during a visit to the National Institutes of Health.

"The emphasis of all my work has changed to dealing with this madness," Butcher said Friday, while briefly back at his office on the UF campus in Gainesville. "Realistically, avian influenza is not a threat to people, but everywhere you go, it has turned into a circus."

He's been to Indonesia and Thailand, Hong Kong and Mexico, and a few days from now, he will be in Russia.

The poultry industries in those countries have been greatly disrupted because of the public's flu fear. In countries where poultry consumption has dropped by 75 percent, it's a real crisis, Butcher said. So from an economic perspective, bird flu is a big issue.

Millions of chickens and waterfowl have been slaughtered in Asia in an attempt to halt the spread of the bird virus known as H5N1, but Butcher said that of the billions of people who have probably been exposed, only about 120 have been reported to have fallen ill with avian flu. They were people who worked closely with chickens and came into contact with the birds' blood and feces.

Butcher also said that there has yet to be a proven case in which one person is known to have passed the illness on to another.

Bird flu viruses have been around throughout history, he said. What is unique about the H5N1 strain is that, on rare occasions, it has shown the ability to infect humans. "It is very inefficient, but it does manage," Butcher said.

That same inefficiency makes it much more likely that the virus can't replicate itself rapidly enough to spread from that first infected human to another, he said. Could happen, but not likely. That's his view.

But the virus can go from poultry to the wild bird population, which will carry it to other locales along their migration routes. If and when it comes to this part of the world, Butcher predicts, it will get here via migratory shorebirds or waterfowl coming from Russia, through Siberia, across the Bering Strait, down through Alaska and Canada.

"That's how it is probably going to come in, and it is of very little relevance," he said, because the poultry industry in this part of the world is so different than in the parts of the world that have been affected so far.

Not all health officials are sounding a warning about avian influenza, either.

Dr. Marc Siegel, a practicing internist and associate professor of medicine at the New York University School of Medicine, is one physician who isn't buying into the scare scenario.

"If anything is contagious right now, it's judgment clouded by fear," Siegel said. And if Americans are scared of avian flu now, Siegel continues, "imagine what will happen if a single scrawny, flu-ridden migratory bird somehow manages to reach our shores."

That, he maintains, is how the fear epidemic - as opposed to a flu pandemic - spreads. Back to the unlikely scenario of those migratory birds carrying avian flu to a poultry house somewhere in Kansas.

"Only once in every blue moon do you get infection in a poultry house, and the government has a system of monitoring and eradication that means it is quickly wiped out," Butcher said. "So it can happen, but it is rare and it is not allowed to spread."

Because the United States exports about one-third of the 9 billion poultry produced, if potentially dangerous disease turns up, there is a policy of zero tolerance.

"Other countries would not accept poultry from anywhere in the United States if there was any question of infection," Butcher said.

He said that although there is a potential that the virus could mutate, as it exists, it could not become an important disease in humans.

"For it to become dangerous to humans, it has to go through a pretty significant genetic change. If you put this in perspective, it's not going to happen. For a person to be infected now, it appears that the exposure level has to be astronomical," Butcher said.

"While we are putting all our attention on this avian influenza, another virus is going to come up and bite us in the bottom," he said.

OTTAWA CITIZEN

Shelley Page

Pandemic Paranoia
Rumsfeld's connection to Tamiflu has conspiracy theorists spinning

Ottawa Citizen, 13 November 2005, p. A9.
https://www.newspapers.com/image/456099794/

One day Americans were panic-buying Tamiflu, making the influenza remedy the most sought-after drug in the world; the next day, rumours were rampant that the U.S. response to bird-flu was more about profit than public health.

What happened?

In a name: Donald Rumsfeld.

From Kandahar to Kalamazoo, the U.S. Secretary of Defense has been vilified by opponents of the Iraq war as the hawkish ideologue who took America into a battle it could not win based on information about weapons of mass destruction that was at best shoddy research and at worst an out-right lie.

In 2003, he went so far as to claim he knew "where they are; they're in the area around Tikrit and Baghdad."

Until recently, Rumsfeld's duplicity on those alleged weapons appeared to be safely constrained – at least for us non-Americans and non-Iraqis – to the arena of the war. We may not trust him, but unless you've enlisted in the marines or own a time-share in Tikrit, he's another country's problem.

Then last week's report in Fortune magazine showed Rumsfeld had brought his talents to a company making huge profits off bird flu panic.

The magazine said Rumsfeld served as chairman of Gilead Sciences the California biotech company that owns the rights to Tamiflu, the antiviral that pundits have trumpeted as the best weapon against avian flu. Rumsfeld was chairman from 1997 until he joined the Bush administration in 2001, and according to federal financial disclosures filed by Rumsfeld, he still holds a stake in Gilead valued at between $5 million and $25 million.

The documents don't specify how many shares Rumsfeld owns, but in the past six months fears of a pandemic and panic buying of Tamiflu have sent Gilead's stock to $47 from $35. According to Fortune, that has made the Pentagon chief, already one of the wealthiest members of the Bush cabinet, at least $1 million richer.

Rumsfeld reportedly recused himself from any decisions involving Gilead when he left the biotech firm and became Secretary of Defense in early 2001. He also had the Pentagon's general counsel outline what he can and cannot be involved in if there is an avian flu pandemic.

He even considered unloading his shares, but would make so much money from the deal, independent counsel told him it was better to hold on to the stock and be public about his recusal rather than risk of being accused of trading on insider information.

Rumsfeld isn't the only Republican heavyweight benefitting from demand for Tamiflu, which is manufactured by Swiss pharma giant Roche. Fortune said former Secretary of State George Shultz, who is on Gilead's board, has sold more than $7-million worth of Gilead since the beginning of 2005. (Roche gives Gilead a royalty equaling about io per cent of sales.)

But it's Rumsfeld's connection to Tamiflu that has suddenly sent the minds of conspiracy theorists spinning out of control.

If you can concoct reasons to invade another country, why not exaggerate the threat of bird flu on the other side of the globe? And it's not just his involvement in the hunt for bogus weapons of mass destruction that has raised suspicion among lefties about the sudden push to have Americans dosed with Tamiflu, it's also his involvement, more than two decades ago, in the approval of aspartame. And before that, mass vaccination of Americans against swine flu.

In 1976, a military recruit in New Jersey died from flu that experts thought could be the "swine flu" virus of 1918 fame. Rumsfeld, who was then Secretary of Defense for interim president Gerald Ford, urged him to begin a mass vaccination. The Ford administration quickly produced and distributed large numbers of doses of the vaccine. Some batches were contaminated and 52 people died while 600 fell ill. The program was stopped. Nobody got swine flu.

Then, in the early 1980s, Rumsfeld was the president and CEO of Searle, the company that originally owned the patent on aspartame.

The Food and Drug Administration had blocked its approval for io years because of objections from numerous researchers and studies that showed aspartame was dangerous, but Rumsfeld was able to use his political power to get aspartame approved by the FDA.

Afterwards, thousands of consumers filed adverse-reaction reports with the FDA blaming aspartame for migraine headaches, vision problems, epileptic seizures and other maladies – links the company says have never been clinically proven.

Now that Rumsfeld has been shown to be profiting from bird flu panic, suddenly America's response to bird flu, like weapons of mass destruction, and swine flu and aspartame before it, is not just a public health issue but a partisan one.

As *Global News Matrix*, a left-wing news website, stated last week, "You can't make any real money without a boogeyman, and the new 'Bird Flu' hoax is the latest scam used to generate profits for pharmaceutical company insiders."

Dr. Joseph Mercola, a frequent writer on health issues and author of the *Total Health Program*, wrote recently, "Finally, the pieces of the puzzle start to add up," alleging the media, U.S. President George Bush and the drug companies are orchestrating a terror campaign to make people buy Tamiflu, or at the very least, get the flu vaccine.

According to a draft of the government's plan to fight a potentially cataclysmic pandemic this new avian super-flu could kill nearly two million Americans. Best-case scenario, only 200,000 might die. But there wasn't a lot of reporting of that lesser figure.

Dr. Mercola questioned the assertion, made repeatedly by government officials and media, that the avian flu virus can jump from birds to humans and produce a fatal illness in 5o per cent of those infected.

A 50 per cent fatality rate sounds scary to anybody, he says. But how were these numbers derived? "Did they examine everyone who contracted the avian flu and use those numbers or did they examine the sickest of the sick who had come down with the avian flu and determine the mortality from there?" Of course, says Dr. Mercola, it was the latter.

"Unless you are a full-time bird handler in a Third World country that has a seriously challenged immune system, you probably have a much better chance of winning the lottery than dying from the proposed avian flu epidemic," he writes.

He says research like this would usually be dismissed if there wasn't some hidden motive. The U.S. has emerged as one of the world's biggest customers for Tamiflu. In July, the Pentagon ordered $58-million worth of the treatment for U.S. troops around the world, and Congress is considering a multi-billion-dollar purchase. Roche expects 2005 sales for Tamiflu to be about $1 billion, compared with $258 million in 2004.

And for what? Will Tamiflu really save the world?

We're told it's the best weapon we have, but it won't prevent flu.

According to the drug company, when used within two days of contracting the flu – not bird flu, mind you – Tamiflu was shown to reduce the severity of symptoms in adult victims by 38 per cent, with a 67 per cent reduction in secondary complications such as bronchitis, pneumonia, and sinusitis in otherwise healthy patients. The drug also reduces the duration of influenza by 37 per cent.

Still, the panic-buying goes on.

The demand was so great, the drug company suspended sales in Canada, while increasing production to get it to countries like China, where an out-break is said to be imminent. Who knows if bird flu will eventually kill millions of people?

Panic-purchasing Tamiflu in the meantime, is going to make the Secretary of Defense an even wealthier man.

NEWS

Bird flu mutating, Vietnamese study finds

NBC News, 13 November 2005, 2:20 PM +08
https://www.nbcnews.com/id/wbna10020499

Scientists in Vietnam, where bird flu has killed 42 people, said the deadly H5N1 influenza virus had mutated into a more dangerous form that could breed more effectively in mammals, state media reported on Sunday.

The online newspaper Vnexpress quoted Cao Bao Van, director of the Molecule Biology Department of the Pasteur Institute, Vietnam's center of bird flu research, as saying the decoding of 24 samples of the virus taken from poultry and humans showed significant antigen variation.

An antigen is any foreign substance that stimulates the body's immune system to produce antibodies.

Van said the study had showed an antigenic shift involving major antigenic changes of the influenza surface proteins, the HA and NA molecules. These changes can result in the appearance of pandemic viruses.

Van said the study had also found a mutation of the PB2 gene in a virus sample from a patient in Dong Thap, southern Vietnam, who died earlier this year. The mutation allows more effective breeding of the virus in mammals.

The function of the PB2 gene is not completely understood, but scientists believe it codes for an enzyme that helps force the host cell's molecular machinery to make more viruses.

While the study came to no conclusion on the virus's ability to move easily between people, it said the virus had developed resistance to anti-flu agents Amatadine and Rimantadine.

Vietnam, where the H5N1 virus has hit nine of the country's 64 provinces since returning in early October, has recorded 92 cases of human bird flu infection and 42 deaths.

the same text =>

The Star

Vietnam study shows bird flu virus mutating

The Star, 13 November 2005, 12:00 AM MYT
https://www.thestar.com.my/news/world/2005/11/13/vietnam-study-shows-bird-flu-virus-mutating--media_1

CNN Money

Nelson D. Schwartz

The Tamiflu Tug of War

CNN, 14 November 2005
https://money.cnn.com/magazines/fortune/fortune_archive/2005/11/14/8360685/index.htm

(*FORTUNE* Magazine) – A Year Ago Tamiflu Was Known, If at all, as an obscure remedy for influenza, which doctors typically treat with bed rest and chicken soup. Today, with panic mounting over a potential bird flu pandemic, it's the most sought-after drug in the world, as everyone from suburban soccer moms in the U.S. to health officials in London and Taipei scramble to stockpile the pill. At the moment, it seems, virtually the entire world is on sick-chicken alert.

"One dead parrot in the U.K. and four dead ducks in Romania does not mean the pandemic has arrived," says William Burns, head of the pharmaceutical division of Roche, the Swiss company that manufactures Tamiflu. But the appearance in Europe of the H5N1 strain of bird flu – which has already infected 121 people in Asia, 62 fatally – has set off a stampede for the medicine and created a contagion of stock market speculation about Roche and the California biotech firm that first developed Tamiflu, Gilead Sciences. Despite worries about Tamiflu's effectiveness, the phenomenon is a reminder of just how quickly fear can spawn greed: The potential profit windfall for the drugmakers seems to be growing daily, and shares in both Roche and Gilead are surging.

Among the beneficiaries of the run on Tamiflu is Secretary of Defense Donald Rumsfeld, who was chairman of Gilead from 1997 to 2001 and owns at least $5 million of the stock, which has jumped from $35 in April to $47. Former Secretary of State George Shultz, who is on Gilead's board, has sold more than $7 million worth of Gilead in 2005.

As the bird-flu issue heated up earlier this year, according to a senior Pentagon official, Rumsfeld considered unloading his entire Gilead stake to avoid any perceived conflict of interest. He sought the advice of the Department of Justice, the Securities and Exchange Commission, and the federal Office of Government Ethics. When those agencies didn't offer an opinion, Rumsfeld consulted a private securities lawyer, who advised him to hold on to the stock and be vocal about his earlier recusal from all matters involving Gilead, rather than sell and run the risk of being accused of insider trading. Holding on has paid off--it's made the Pentagon chief, already one of the wealthiest members of the Bush cabinet, at least $1 million richer. In late October, Rumsfeld had the Pentagon's general counsel issue instructions on what he could and could not do in the event of an epidemic.

Gilead developed Tamiflu on its own, then licensed it to Roche in 1996 to get help manufacturing and marketing it. But Gilead has complained for years that Roche wasn't aggressive on either front. In June, Gilead, which receives royalties equal to about 10% of Tamiflu sales, took the unusual step of terminating its licensing agreement with Roche and going into arbitration to win back exclusive rights to the drug.

Roche CEO Franz Humer rejects Gilead's claims that his company neglected Tamiflu. He points out that Roche has doubled Tamiflu production since last year, and will double it again next year. What's more, Humer is confident the two companies will come up with a compromise that leaves Tamiflu in Roche's hands. The most likely scenario would be that Roche simply coughs up more in royalties to Gilead. That prospect has Wall Street very excited. Analyst Sapna Srivastava of Morgan Stanley says she's been getting calls from brokers who want to know whether to buy Tamiflu, as well as shares of Gilead. "It's suddenly become a stock everyone knows and talks about."

And interest goes well beyond Wall Street. Already drugstores are finding demand for the drug, well, contagious. "We've got doctors getting it for their families, sometimes a double treatment," says pharmacist Joseph Damin of Spencer Pharmacy in Scarsdale, N.Y. In late October, Roche halted delivery of the drug to the U.S. and Canada, to prevent hoarding and make sure there's still some Tamiflu left when the normal flu bug arrives this winter.

While the soccer moms may be going overboard, the people who really should be worrying about the threat seem remarkably blasé. Although governments in Europe are buying enough Tamiflu to cover a quarter of their population –and the Pentagon has already ordered $58 million worth of Tamiflu for U.S. troops around the world--the U.S. government has purchased only 4.3 million doses of Tamiflu and another anti-viral, Glaxo's Relenza, enough for just 1.5% of Americans. Despite months of debate about an additional multibillion-dollar purchase, Congress and the White House haven't agreed on a final plan.

Making tons of Tamiflu isn't easy. The drug is derived from the pods of Chinese star anise plants in a yearlong process that is expensive and dangerous – at one stage the stuff is highly explosive. "It's not like you press the button in the morning and in the afternoon Tamiflu falls out," says Humer. "We don't yet have a firm order from Washington ... words are not enough."

Ученые: Птичий грипп мутировал в более опасную форму

РБК, 14 ноября 2005, 05:06
https://www.rbc.ru/society/14/11/2005/5703c5369a7947dde8e0d1d6

По данным вьетнамских ученых, штамм H5N1 вируса птичьего гриппа мутировал в более опасную для человека форму и теперь может передаваться млекопитающими. Сотрудники центра по изучению птичьего гриппа при кафедре молекулярной биологии Института им. Пастера провели анализ 24 проб вируса, взятых из крови птиц и людей. Согласно результатам анализа, у взятых проб была отмечена заметная антигенная мутация, передает Reuters.

Вместе с тем подчеркивается: исследования еще не доказывают, что вирус начнет легко распространяться среди людей. Исследования, проведенные в институте Пастера в Хошимине, подтвердили предположение, что вирус типа H5N1 не обязательно должен смешиваться с человеческими штаммами вируса гриппа, чтобы вызвать пандемию среди людей.

Штамм H5N1, представляющий смертельную опасность для человека, впервые был выявлен в Гонконге в 1997 г. Тогда птичьим гриппом заболели 18 человек, шестеро из которых умерли. Вторая вспышка была зафиксирована в 2003г. в Южной Корее. Оттуда вирус распространился в Китай, Вьетнам, Таиланд, Лаос и Индонезию, а затем и в Европу. С тех пор от птичьего гриппа погибли более 60 человек.

Кстати, по данным властей вспышки вируса уже выявлены в 10 из 64 вьетнамских провинций. А в Индонезии только в текущем году зарегистрированы уже 5 случаев заболевания человека птичьим гриппом со смертельным исходом.

Ученые полагают, что в случае возникновения всемирной эпидемии птичьего гриппа могут заболеть 20% всего населения планеты, из них не менее 5 млн погибнут. По данным Всемирного банка на борьбу с распространением птичьего гриппа в течение ближайших трех лет потребуется один миллиард долларов. С такой оценкой выступили недавно представители ВБ на международной конференции в Женеве, посвященной проблеме птичьего гриппа.

the village VOICE

James Ridgeway

Capitalizing on the Flu
Flu pandemic would spark enough fear to make it a greed pandemic

The Village Voice, 15 November 2005.
https://web.archive.org/web/20090501120739/http://www.villagevoice.com/2005-11-15/news/capitalizing-on-the-flu/http

Washington, D.C. – President Bush's vague plan for coping with a serious outbreak of bird flu is based largely on fear and greed. There is no secret about this. He seeks to get people's attention by scaring the citizenry with visions of millions of people dying from a pandemic so bad it leads to martial law, mass quarantines, restrictions on travel, and so on. He wants to encourage private business to meet the crisis by producing more of existing drugs such as Tamiflu to combat a flu plague and entice the drug companies to work harder and faster to make a vaccine by ensuring its profitability.

The answer to a bird flu pandemic is not a passive first-world population riveted to the TV, watching one person after another drop dead across the world as sickened birds fly closer and closer and finally land in our midst.

The answer lies in effective communication at all levels among different nations, through their medical establishments, scientists, and spotters, so that as soon as sick or dead birds are found, the birds in surrounding areas can be culled. This is a job for the World Health Organization, which is part of the United Nations, the organization Bush and his ambassador, John Bolton, are determined at all costs to wreck.

While developed countries race to lay in supplies of antiviral drugs, there is little interest in the animals themselves and in animal-human interaction where flu can begin and spread. The WHO and Food and Agriculture Organization have only 40 veterinarians between them.

"Reducing human exposure requires education about handling poultry and a fundamental change in cultural attitudes towards human-animal interactions and husbandry in many parts of the world," writes *The Lancet*, the British medical journal.

"In some African countries, people sleep in the same places as poultry. In southeast Asia, 'wet markets,' where live poultry are traded and slaughtered on the spot, pose a risk of human transmission. And in Central Asia and Eastern Europe, hunting of wild birds may have played a major part in the spread of avian influenza."

Changing the interplay of animals and humans may meet considerable resistance among small poultry farmers in poor countries, who face the loss of whole flocks in a mass culling. If farmers are offered too little to cull their birds, they won't do it. And if too much money is proffered, "the money will be an incentive to deliberately infect their flocks," Milan Brahmbhatt, the World Bank's lead economist for East Asia and the Pacific, told *The Lancet*.

The overall effect of a pandemic in Asia will be to drive small poultry farmers out of business and open the way for U.S.-style industrial chicken farming, with ownership concentrated in the hands of a few. Among the major exporters are China and Thailand (Southeast Asia now accounts for about a quarter of the world poultry business). Most of their chickens go to Japan. Many countries are banning imports from these two nations, and that is running up the price of chickens worldwide and promising to up exports from such places as the U.S., Brazil, and the EU.

Robber Barons

A serious effort to stave off a pandemic also means stopping the pharmaceutical companies from scaring people to make more money. It is by now well-known that the drug companies provide huge sums of cash to politicians – $133 million to federal candidates since 1998, according to the Center for Public Integrity, with upwards of $1.5 million going to Bush, the top recipient. The industry operates an elaborate lobby in Washington that in 2004 spent $123 million and employed an army of 1,291 lobbyists, more than half of whom were former federal officials. The industry's sales machine aims to bypass doctors with TV and other advertising aimed directly at the patient, appealing to his or her judgment over that of a physician.

In the case of making and marketing drugs to combat flu, the results are disastrous. The industry claims it can't make flu vaccines because there is no money in it. When asked about last year's flu vaccine shortage by CBS's Bob Schieffer, Bush said the industry was fearful of damage suits concocted by ambulance-chasing lawyers. He explained the shortage this way: "Bob, we relied upon a company out of England to provide about half of the flu vaccines for the United States citizen, and it turned out that the vaccine they were producing was contaminated. And so, we took the right action and didn't allow contaminated medicine into our country." This was not true. The American inspectors had approved flu vaccine shipments from a U.S. producer's British company. It was British inspectors who blocked shipment of the questionable vaccine from the American firm.

With no vaccine in sight, the U.S. government, along with others, is belatedly stocking up on Tamiflu, a drug that supposedly offers some defense against bird flu. But last week Japanese newspapers told how children who were administered Tamiflu went mad and tried to kill themselves by jumping out of windows. In a cautionary statement the FDA noted 12 deaths among children, and said there are reports of psychiatric disturbances, including hallucinations, along with heart and lung disorders. Roche, the manufacturer, is quoted by the BBC as stating that the rate of deaths and psychiatric problems is no higher among those taking its medication than among those with flu. The company is increasing Tamiflu production to 300 million doses a year to meet demand.

Rumsfeld's drug connections

There are other reasons people are leery of Tamiflu. Given the rip-offs in Iraq and after the hurricanes, people are understandably interested in knowing just who is going to get rich off the plague. Secretary of Defense Donald Rumsfeld, himself former CEO of drug company Searle, currently owns stock in the one company that owns Tamiflu patents – to the tune of at least $18 million. Rumsfeld says he understands why people might question his holdings, but selling them would raise even more questions. So, he is hanging on to what he's got.

A flu pandemic could mean a reduction in travel. A recent Citicorp report says likely economic losers would include airlines (such as British Airways, Lufthansa, and Air France), insurers like AXA, and luxury-goods conglomerates such as Richemont.

The report adds: "Winners could include drug makers such as Gilead Sciences, Roche, GlaxoSmithKline, and Sanofi-Aventis. Other possible winners are hospital chains such as Rhoen Klinikum, cleaning-products makers such as Henkel, Ecolab, and Clorox, as well as home entertainment companies such as Blockbuster and Nintendo."

In order for the pharmaceutical companies to profit from making flu vaccine in the administration's $7.1 billion pandemic flu plan, Bush now is proposing to ban liability suits against them except in cases of willful misconduct. As for those injured by a flu vaccine, possible lawsuits remain an open question.

With a worldwide market estimated at more than $1 billion, there's big money in a flu plague. Kimberly-Clark's Chinese subsidiary is already ramping up manufacture of new lines of medical masks, wipes, and hand-washing liquids, according to Business Week, with consulting firms Kroll and Booz Allen Hamilton selling flu preparedness advice to companies and governments. "Crisis is an opportunity as long as you see it first," Pitney Bowes's Christian Crews tells the magazine.

If all Bush wants to accomplish is to see the drug industry make more money, any fight against the flu will be uphill.

Terry Gross

The Next Pandemic: Bird Flu, or Fear?

NPR, 2 February 2006, 6:16 PM ET
https://www.npr.org/templates/story/story.php?storyId=5183999

Fear and paranoia often take hold when a disease threatens to become an epidemic. Dr. Marc K. Siegel is the author of the new book *Bird Flu: Everything You Need to Know About the Next Pandemic*.

Bird Flu takes on the issues that are injected with a sense of panic and dread, as many parts of the world have grown to fear the spread of a deadly influenza outbreak in recent years. That outbreak, says Siegel, is a distinct possibility. But he urges those who may be at risk to trust in reason – and ignore the hype – in judging the risks.

In making his case for an honest appraisal of the dangers, Siegel cites progress in vaccine work and improved living conditions world-wide as two improvements that should make an epidemic far less deadly than that of 1918.

Siegel's previous books include *False Alarm: The Truth About the Epidemic of Fear*, in which he argues against paranoia and reactionary strategies in health care and public safety. Siegel, who teaches at the New York University School of Medicine, is also a weekly columnist for *The New York Daily News*. He is a frequent contributor to *The Los Angeles Times* and *The Washington Post*.

Dr. Marc Siegel
Excerpt: 'Bird Flu'
https://www.npr.org/templates/story/story.php?storyId=5183999

Part I
FACTS AND FICTIONS

What is bird flu?

All bird flus are influenza A. Influenza A is primarily a respiratory virus, causing coughing, congestion, sore throat, muscle aches, fatigue, and fever in most species it infects.

This strain (also called the H5N1 virus) surfaced in Hong Kong eight years ago, although it may have been around for four decades previous to this. It has mostly been affecting Asian poultry. When tested in the laboratory, it has been found to be quite deadly, killing ten out of ten chick embryos against which it was tested. It is difficult to tell how many birds it has killed in Asia, though, because millions of birds have been killed by humans to prevent its spread. As soon as one chicken develops symptoms, it is killed along with all the chickens that may have come in contact with it.

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JEM Journal of Experimental Medicine

Rachelle Salomon , John Franks, Elena A Govorkova, Natalia A Ilyushina,
Hui-Ling Yen, Diane J Hulse-Post, Jennifer Humberd, Michel Trichet,
Jerold E Rehg, Richard J Webby, Robert G Webster, Erich Hoffmann

The polymerase complex genes contribute to the high virulence of the human H5N1 influenza virus isolate A/Vietnam/1203/04

J Exp Med. 2006 Mar 20; 203(3): 689-97. Epub 2006 Mar 13.
doi: 10.1084/jem.20051938.

H5N1 influenza viruses transmitted from poultry to humans in Asia cause high mortality and pose a pandemic threat. Viral genes important for cell tropism and replication efficiency must be identified to elucidate and target virulence factors.

We applied reverse genetics to generate H5N1 reassortants combining genes of lethal A/Vietnam/1203/04 (VN1203), a fatal human case isolate, and nonlethal A/chicken/Vietnam/C58/04 (CH58) and tested their pathogenicity in ferrets and mice.

The viruses' hemagglutinins have six amino acids differences, identical cleavage sites, and avian-like alpha-(2,3)-linked receptor specificity.

Surprisingly, exchanging hemagglutinin and neuraminidase genes did not alter pathogenicity, but substituting CH58 polymerase genes completely attenuated VN1203 virulence and reduced viral polymerase activity. CH58's NS gene partially attenuated VN1203 in ferrets but not in mice.

Our findings suggest that for high virulence in mammalian species an avian H5N1 virus with a cleavable hemagglutinin requires adaptive changes in polymerase genes to overcome the species barrier. Thus, novel antivirals targeting polymerase proteins should be developed.

nature

Kyoko Shinya, Masahito Ebina, Shinya Yamada,
Masao Ono, Noriyuki Kasai, Yoshihiro Kawaoka

Influenza virus receptors in the human airway

Nature, 22/23 March 2006, 440 (7083): 435-436
https://doi.org/10.1038/440435a

Although more than 100 people have been infected by H5N1 influenza A viruses, human-to-human transmission is rare1. What are the molecular barriers limiting human-to-human transmission?

Here we demonstrate an anatomical difference in the distribution in the human airway of the different binding molecules preferred by the avian and human influenza viruses.

The respective molecules are sialic acid linked to galactose by an α-2,3 linkage (SAα2,3Gal) and by an α-2,6 linkage (SAα2,6Gal)2.

Our findings may provide a rational explanation for why H5N1 viruses at present rarely infect and spread between humans although they can replicate efficiently in the lungs.

The Washington Post

David Brown

Researchers Shed More Light on Bird Flu

The Washington Post, 23 March 2006
https://www.washingtonpost.com/wp-dyn/content/article/2006/03/22/AR2006032202043.html

Two research teams have independently discovered explanations for the chief features of the H5N1 bird flu virus – its difficulty infecting humans, and the deadly effects when it does.

Unlike influenza viruses that are passed easily between people, H5N1 has a hard time attaching to cells in the nose, throat and upper airways. But it readily attaches to cells deep in the lungs.

This suggests that people need close and heavy exposure to the H5N1 virus for it to get into the lungs. But once it takes hold, it causes extensive damage to the machinery of respiration – the cells and air spaces where oxygen is exchanged for carbon dioxide.

That scenario mimics the clinical experience of many of the 184 human cases of bird flu that have been officially recorded since late 2003. More than half have been fatal.

"This is information that we need to know – fundamental and exciting," said Robert G. Webster, a leading flu virologist at St. Jude Children's Research Hospital in Memphis. He was not a member of either of the research groups, one of which published its results in yesterday's issue of the journal Nature, and the other online in Science.

Influenza infection occurs through a series of steps, with a key early one involving hemagglutinin, a protein that coats the virus's outer envelope. That protein attaches to sugar molecules that lie on the surface of many cells.

Virologists have known for years that human flu viruses attach through a sugar "linkage" designated alpha 2,6. The vast family of avian flu viruses favors a linkage with a different shape, designated alpha 2,3.

A research team led by Kyoko Shinya at the University of Wisconsin and the University of Tokyo looked at what cells in the human respiratory tract contain which linkage. They found that alpha 2,6 – the receptor for human flu – predominated in the nose and down the airways to the microscopic passageways that lead to the air sacs, or alveoli. At that point, cells with the alpha 2,3 linkage – the receptor for bird viruses – become common. Human viruses attached to the upper airways, while avian viruses attached to cells deep in the lungs.

The Japanese researchers, who published their findings in Nature, also tested an H5N1 virus taken from a person who died of bird flu in Hong Kong in 2003. That microbe's hemagglutinin recognized both the human and bird linkages, and it attached to cells from nose to lung. Most H5N1 samples isolated from people do not generally follow that pattern. The ability to bind to alpha 2,6 human receptors is one of several features that would have to become dominant for the H5N1 virus to become easily transmitted from human to human.

In the other paper, Thijs Kuiken and colleagues at Erasmus Medical Center in the Netherlands exposed H5N1 to blocks of tissue taken from all along the respiratory tree. They found the bird virus attached predominantly to cells at the entrance to the air sacs and in them, as well as to immune-system cells called alveolar macrophages that patrol the area.

This same pattern was seen in cats and ferrets. (Ferrets have traditionally been considered the species whose flu infections most closely mimic those of humans.) In mice, however, the pattern was reversed. H5N1 attached best to cells in the windpipe, not the lung – suggesting mice are not the best animal model for research on this strain.

In many of the fatal H5N1 infections, people's lungs were filled with fluid, the result of an out-of-control inflammatory reaction. Kuiken speculated that bird flu's affinity for macrophages – which can release inflammatory chemicals – may be part of the reason.

The Washington Post

Marc Siegel

A Pandemic of Fear

The Washington Post, 26 March 2006
http://www.washingtonpost.com/wp-dyn/content/article/2006/03/24/AR2006032401716.html

Fear is a deeply rooted emotion – one that can serve as a lifesaving response to imminent danger. But because we humans often magnify risk, fear can also cause us to overreact to remote threats, such as bird flu.

According to a significant study published in the prestigious British journal Nature recently, the H5N1 bird flu virus is at least two large mutations and two small mutations away from being the next human pandemic virus. This virus attaches deep in the lungs of birds but cannot adhere to the upper respiratory tract of humans. Since we can't transmit the virus to each other, it poses little immediate threat to us.

So why did the "flu hunter," world-renowned Tennessee virologist Robert Webster, say of bird flu on ABC that there are "about even odds at this time for the virus to learn how to transmit human to human," and that "society just can't accept the idea that 50 percent of the population could die . . . I'm sorry if I'm making people a little frightened, but I feel it's my role."

I'm sorry, Dr. Webster, but *your role is to track influenza in the test tube*, not to enter into broad speculation on national television. By your way of thinking, we should all be either building an escape rocket ship or killing every bird we see before it can kill us.

Fear causes the public to blur the distinction between birds and people, and so, as the H5N1 virus infects flocks of birds in Pakistan and Israel, nightly news watchers track the path to the United States. The poultry industry cringes as migratory birds that may be carrying H5N1 make their way closer to the northern shores of North America.

But though this bird flu appears to be quite deadly in many species of birds, killing 10 out of 10 chick embryos in test-tube conditions, we humans are a different matter. In 1997 in Hong Kong, for example, where there were 18 human cases of bird flu and six deaths, thousands of people were screened, and 16 percent developed antibodies but never got sick. There appears to be a spectrum of disease in humans, not nearly as deadly as many media reports have supposed.

Even if the H5N1 virus does mutate enough to spread easily among the upper breathing tracts of humans, there are multiple scenarios in which it would not cause the next massive pandemic. In fact, the Spanish flu of 1918 made the jump to humans before killing a large number of birds. Not only do we have vaccinations, antibiotics, antiviral drugs, public information networks, steroids and heart treatments that were lacking in 1918 to treat victims of the flu; in addition, the growing worldwide immunity to H5N1 may lessen the outbreak in humans even if the dreaded mutation does occur.

Even as the virus spreads in birds, the chances of a mutation occurring over time appear to be less likely. For every doomsayer who declares that "it's not a matter of if, but when," there is a sober scientist who says that H5N1 may well dead-end in animals and not be the next pandemic virus.

If H5N1 spreads in pigs (a soup of viruses) and exchanges genetic material with another human flu virus before passing to humans, the result is likely to be far less deadly. The swine flu fiasco of 1976 is an example of the damage that can be done by fear of a mutated virus that never quite lives up to 1918 expectations. About 1,000 cases of ascending paralysis occurred from a rushed vaccine given to more than 40 million people in response to a feared pandemic that never arrived.

Even the word "pandemic" scares us unnecessarily. The word simply means a new strain of a virus appearing in several areas of the world at one time and causing illness. The last flu pandemic, in 1968, killed 33,800 Americans – slightly less than the number who usually die here of the flu in an average year. We certainly don't need to think in end-of-the world terms for that kind of pandemic.

Cooking a chicken or turkey kills any influenza virus 100 percent of the time, yet the fear of H5N1 bird flu is already so rampant in Europe that poultry consumption is down 70 percent in Italy and 20 percent in France. In Britain people are giving away their parrots after a single parrot got the disease, and in Germany a cat died of H5N1 and the public was told to keep cats indoors. Forty-six countries outside the European Union banned French poultry exports after a single flock of turkeys was found to be infected. France, fourth in the world in poultry exports, is already hemorrhaging more than $40 million a month.

In this country I have heard from more than one farmer and several poultry companies that the price of poultry has already dropped 50 percent in some places. Imagine what will happen if a bird in the United States gets H5N1 bird flu. Our fear is growing at such a rate that our own poultry industry, No. 1 in the world, is likely to be destroyed. We are already petrified by fear of mad cow disease, another case where a species barrier protects us.

Flu changes its shape and size and is a killer worthy of respect and attention. But the most contagious virus among humans is our fear.

The New York Times

Denise Grady, Gina Kolata

How Serious is the Risk of Avian Flu?

The New York Times, 27 March 2006
https://www.nytimes.com/2006/03/27/health/how-serious-is-the-risk-of-avian-flu.html

Over the last year, it has been impossible to watch TV or read a newspaper without encountering dire reports about bird flu and the possibility of a pandemic, a worldwide epidemic. First Asia, then Europe, now Africa: like enemy troops moving into place for an attack, the bird flu virus known as A(H5N1) has been steadily advancing. The latest country to report human cases is Azerbaijan, where five of seven people have died. The virus has not reached the Americas, but it seems only a matter of time before it turns up in birds here.

Even so, a human pandemic caused by A(H5N1) is by no means inevitable. Many researchers doubt it will ever happen. The virus does not infect people easily, and those who do contract it almost never spread it to other humans. Bird flu is what the name implies: mostly an avian disease. It has infected tens of millions of birds but fewer than 200 people, and nearly all of them have caught it from birds.

But when A(H5N1) does get into people, it can be deadly. It has killed more than half of its known human victims – an extraordinarily high rate. Equally alarming is that many who died were healthy, not the frail or sickly types of patients usually thought to be at risk of death from influenza.

The apparent lethality of A(H5N1), combined with its inexorable spread, are what have made scientists take it seriously. Concern also heightened with the recent discovery that the 1918 flu pandemic was apparently caused by a bird flu that jumped directly into humans.

In addition, A(H5N1) belongs to a group of influenza viruses known as Type A, which are the only ones that have caused pandemics. All those viruses were originally bird flus. And given the timing of the past pandemics – 1918, 1957, 1968 – some researchers think the world is overdue for another. It could be any Type A, but right now (A)H5N1 is the most obvious.

The virus lacks just one trait that could turn it into a pandemic: transmissibility, the ability to spread easily from person to person. If the virus acquires that ability, a pandemic could erupt.

Everything hangs on transmissibility. But it is impossible to predict whether A(H5N1) will become contagious among people. The virus has been changing genetically, and researchers fear that changes could make it more transmissible, or that A(H5N1) could mix with a human flu virus in a person, swap genetic material and come out contagious.

But most bird flu viruses do not jump species to people. Some experts say that since A(H5N1) has been around for at least 10 years and the shift has not occurred, it is unlikely to happen. Others refuse to take that bet.

But most bird flu viruses do not jump species to people. Some experts say that since A(H5N1) has been around for at least 10 years and theshift has not occurred, it is unlikely to happen.Others refuse to take that bet.

The A(H5N1) strains circulating now are quite different from the A(H5N1) strain detected in Hong Kong in 1997, which killed 6 of 18 human victims. Over time, A(H5N1) seems to have developed the ability to infect more and more species of birds, and has found its way into mammals – specifically, cats that have eaten infected birds.

The actual number of human cases may well exceed the number that have been reported, and may include mild cases from which victims recovered without even seeing a doctor. If that's true, the real death rate could be lower. But no one knows whether mild cases occur, or whether some people are immune to the virus and never get sick at all.

In the absence of more information, health officials must act on what they see – an illness that apparently kills half its victims.

Q. How will we know if the virus starts spreading from person to person and becomes a pandemic?

A. If there is a pandemic, it would be everywhere,not in just one city or one country. To detect such an event as early as possible there is an international surveillance system, involving more than 150 countries, that searches for signs that a new flu strain is taking hold in humans.One hallmark of a pandemic flu would be an unusual pattern of illnesses —– lots of cases, possibly cases that are more severe than normaland, possibly, flu infections outside the normal flu season.

Ordinary human flu viruses, for reasons that are not entirely understood, circulate only in winter. But pandemics can occur at any time. A pandemic would also involve a flu virus that was new to humans, meaning that no one would have immunity from previous infections.

Q. If bird flu reaches the United States,where is it likely to show up first?

A. Although health officials expect bird flu to reach the United States, it is impossible to predict where it may show up first, in part because there are several routes it could take.If it is carried by migrating birds, then it may appear first in Alaska or elsewhere along theWest Coast.

But if the virus lurks in a bird being smuggled into the United States as part of the illegal trade in exotic birds, it could land in any international airport. Bird smuggling is a genuine problem:in 2004, a man was caught at an airport in Belgium Illegally transporting eagles from Thailand,stuffed into tubes in his carry-on luggage.The birds turned out to be infected withA(H5N1), and they and several hundred other birds in a quarantine area at the airport had to be destroyed.

In theory, an infected human could also bring bird flu into the United States, and that person could fly into just about any international airport and go unnoticed if the virus had yet to produce any symptoms.

Q. Does bird flu affect all birds?

A. No one knows the full story. Scientists say A(H5N1) is unusual because it can infectand kill a wide variety of birds, unlike a vast majority of bird flus, which are usually found in wild birds, not domestic fowl, and which cause few symptoms.

Some researchers suspect that wild ducks, or perhaps other wild birds, are impervious to A(H5N1), and may be the Typhoid Marys of bird flu – getting the virus, spreading it to other birds but never becoming ill themselves. No one has good evidence of this yet, but that may be because the way scientists discovered A(H5N1)infections was by finding birds that had gotten the flu and died.

As virologists like to point out, dead birds don't fly. So migratory birds cannot spread the virus if they are dying shortly after being infected.That is why some researchers say that if wild birds are spreading the A(H5N1) virus, it must be a bird species that can be infected but does not become ill.

Q. When people die from avian flu contracted from birds, what kills them?

A. Like victims of severe pneumonia, many patients die because their lungs give out. The disease usually starts with a fever, fatigue,headache and aches and pains, like a typical case of the flu. But within a few days it can turn into pneumonia, and the patients' lungs are damaged and fill with fluid.

In a few cases, children infected with A(H5N1) died of encephalitis, apparently because the virus attacked the brain. A number of people have also had severe diarrhea – not usually a flu symptom – meaning that this virus may attack the intestines as well. Studies in cats suggest that in mammals the virus attacks other organs, too, including the heart, liver and adrenal glands.

But more detailed information about deaths in people is not available because very few autopsies have been done. In some countries, like Vietnam, where many of the deaths occurred,autopsies are frowned upon. Researchers say they may glean useful information from autopsies,but fear that pressing for them would alienate the public in some areas.

Q. If I got bird flu, how would I know?

A. There is no reason to suspect the disease unless you may have been exposed to it.Since the virus has not reached North America,doctors do not look for bird flu in people unless they have traveled to affected regions or have been exposed to sick or dead birds.

The early stages of the illness in people are the same as those of ordinary flu: fever, headache, fatigue, aches and pains. But within a few days, people with bird flu often start getting worse instead of better; difficulty breathing is what takes many to the hospital.

In any case, patients with flu like symptoms that turn severe or involve breathing trouble are in urgent need of medical care.

Q. Can I be tested for avian flu?

A. There is no rapid test for bird flu. There is a rapid test for Type A influenza viruses, the group that A(H5N1) belongs to, but the test is only moderately reliable, and it is not specific for A(H5N1).

State health departments and some research laboratories can perform genetic testing for A(H5N1) and give results within a few hours,but they do not have the capacity to perform wide spread testing.

Because of the limited availability of testing and the extremely low probability of A(H5N1) in people in the United States, the test is recommended only for patients strongly suspected of having bird flu, like travelers with flu like symptoms who were exposed to infected birds.

Q. Do any medicines treat or prevent bird flu?

A. Two prescription drugs, Tamiflu and Relenza,may reduce the severity of the disease if they are taken within a day or two after the symptoms begin. But Relenza, a powder that must be inhaled, can irritate the lungs and is not recommended for people with asthma or other chronic lung diseases.

Both drugs work by blocking an enzyme – neuraminidase, the "N" part of A(H5N1) – that the virus needs to escape from one cell to infect another. But just how effective these medicines are against A(H5N1) is not known, nor is it clear whether the usual doses are enough. Also unknown is whether the drugs will help if taken later in the course of the disease.Although government laboratories and other research groups are trying to develop vaccines to prevent A(H5N1) disease in people, none are available yet.

Q. If there is an epidemic of flu in humans, how can I protect myself?

A. If there is a vaccine available, that would be the best option. But if there is no vaccine it maybe hard to avoid being infected. Flu pandemics spread quickly, even to isolated regions. The 1918 flu reached Alaskan villages where the only way visitors could arrive was by dog sled.

The vaccines produced every year to prevent seasonal flu are unlikely to be of any use in warding off a pandemic strain. But a flu shot could provide at least some peace of mind, by preventing the false alarm that could come from catching a case of garden-variety flu.

Similarly, people over 65 and others with chronic health problems should consult their doctors about whether they should be vaccinated against pneumococcal pneumonia, a dangerous illness that can set in on top of the flu. Again,that vaccine will not stop bird flu, but it may prevent complications.

Some health officials have recommended stockpiling two to three months – worth of food,fuel and water in case a pandemic interferes with food distribution or staffing levels at public utilities, or people are advised to stay home.

Many health experts have advised against stockpiling Tamiflu or Relenza, the prescription – only antiviral drugs that may work against bird flu. Doctors say the drugs are in short supply and hoarding may keep them out of reach of people who genuinely need them.

Also, they say, self-prescribing may lead to waste of the drugs or misuses that spur the growth of drug-resistant viruses. But people may not trust the government to distribute these drugs, and may want their own supplies.Doctors say people can take precautions like avoiding crowds, washing their hands frequently and staying away from those who are sick. Masks may help, but only if they are a type called N-95, which has to be carefully fitted. So far, masks and gloves have been recommended only for people taking care of sick patients.

Avoiding the flu can be hard because it is not always possible to spot carriers. Many people get and spread flu viruses and but never know they are infected.

Q. Is the government prepared for a bird flu pandemic?

A. No. The nation does not have an approved flu vaccine for people or enough antiviral drugs or respirators for all who would need them. Thebest protection in any flu pandemic will come from a vaccine, but scientists cannot tell ahead of time what strain the vaccine should protect against.

Efforts are under way to make a vaccine for A(H5N1). But the virus could mutate in a way that makes experimental vaccines ineffective,requiring more than one vaccine.

Moreover, there is no assurance that the next pandemic will even involve A(H5N1). It may involve a different strain of bird flu, and an A(H5N1) vaccine would not work for it. Recent efforts to develop a sort of universal flu vaccine that would work across strains have failed.

For now, the hope is to spot a pandemic early and quickly make a vaccine. Investigators are developing new and better ways to make vaccines – a bird flu, for example, cannot be grown in fertilized eggs like other flu viruses because it kills the chicken embryos – but these new methods must first be approved by the Food and Drug Administration.

Preparations also include government plans to stockpile drugs to protect people who were exposed to the flu and to reduce the severity of the disease in those who are ill. But the one antiviral drug that everyone wants to buy and stockpile, Oseltamivir, also sold by Roche as Tamiflu,is in short supply.

In retrospect, scientists say, maybe the nation should have started preparing sooner. But until the current bird flu appeared, there was little interest in such expensive and extensive preparations.

Q. If bird flu reaches the United States,will it be safe to eat poultry or to be around birds or other animals?

A. Poultry is safe to eat when it is cooked thoroughly,meaning that the meat is no longer pink and has reached a temperature of 180 degrees Fahrenheit. The risk is not from cooked meat – cooking kills viruses. Instead, it is from infected birds that are still alive or have recently died.So the person who killed an infected chicken,butchered it or put it in the pot would be at greater risk than the one who ate it.

It's not clear how long the virus lives on a dead bird, but it is unlikely to survive more than a couple of days. And it seems unlikely that infected chicken will find its way to supermarkets.

If the bird flu strikes poultry farms, the farmers will know there is a problem. Before they die, the birds develop major hemorrhages,with blood streaming from their cloacas and beaks. When the flu gets to a poultry farm,farmers have to destroy their flocks, and poulterer risk than the one who ate it.

As for contact with healthy birds or animals,there is no need to panic. The A(H5N1) virus is a nasty one. If chickens or other animals became infected they would get sick and die, and you would know the virus was present.

But animals can carry many diseases besides influenza, and whenever you are around animals it is a good idea to wash your hands afterward.Because cats in Europe have caught A(H5N1), apparently from eating infected birds, health officials there advise keeping pet cats indoors, but no such recommendation has been made in the United States.

For now, officials at the Centers for Disease Control and Prevention say it is safe to have bird feeders, and they note that even if the virus does arrive here, the kinds of birds that perch at feeders are far less likely to carry A(H5N1)than are aquatic birds like ducks and geese.

Q. Is it safe to buy imported feather pillows, down coats or comforters and clothing or jewelry with feathers?

A. Imported feathers may not be safe. There is a risk to handling products made with feathers from countries with outbreaks of bird flu, according to the Centers for Disease Control and Prevention. Feathers from those countries are banned in the United States unless they have been processed to destroy viruses

INDEPENDENT

Geoffrey Lean, Jonathan Owen

Donald Rumsfeld Makes $5M Killing on Bird Flu Drug

Independent (London), 12 March 2006, 01:00, p. 46
https://www.independent.co.uk/news/world/americas/donald-rumsfeld-makes-5m-killing-on-bird-flu-drug-6106843.html

Donald Rumsfeld has made a killing out of bird flu. The US Defence Secretary has made more than $5m (£2.9m) in capital gains from selling shares in the biotechnology firm that discovered and developed Tamiflu, the drug being bought in massive amounts by Governments to treat a possible human pandemic of the disease.

More than 60 countries have so far ordered large stocks of the antiviral medication – the only oral medicine believed to be effective against the deadly H5N1 strain of the disease – to try to protect their people. The United Nations estimates that a pandemic could kill 150 million people worldwide.

Britain is about halfway through receiving an order of 14.6 million courses of the drug, which the Government hopes will avert some of the 700,000 deaths that might be expected. Tamiflu does not cure the disease, but if taken soon after symptoms appear it can reduce its severity.

The drug was developed by a Californian biotech company, Gilead Sciences. It is now made and sold by the giant chemical company Roche, which pays it a royalty on every tablet sold, currently about a fifth of its price.

Mr Rumsfeld was on the board of Gilead from 1988 to 2001, and was its chairman from 1997. He then left to join the Bush administration, but retained a huge shareholding.

The firm made a loss in 2003, the year before concern about bird flu started. Then revenues from Tamiflu almost quadrupled, to $44.6m, helping put the company well into the black. Sales almost quadrupled again, to $161.6m last year. During this time the share price trebled.

Mr Rumsfeld sold some of his Gilead shares in 2004 reaping - according to the financial disclosure report he is required to make each year - capital gains of more than $5m. The report showed that he still had up to $25m-worth of shares at the end of 2004, and at least one analyst believes his stake has grown well beyond that figure, as the share price has soared. Further details are not likely to become known, however, until Mr Rumsfeld makes his next disclosure in May.

The 2005 report showed that, in all, he owned shares worth up to $95.9m, from which he got an income of up to $13m, owned land worth up to $17m, and made $1m from renting it out.

He also had illiquid investments worth up to $8.1m, including in partnerships investing in bio-technology, issuing reproductions of paintings, and operating art galleries in New Mexico and Wyoming. He also has life insurance with a surrender value of up to $5m, and received up to $1m from the DHR Foundation, in which he has assets worth up to $25m, and $773,743 from the Donald H Rumsfeld Trust, in which he has assets of up to $50m.

Late last week no one at Gilead Sciences was available to comment on Mr Rumsfeld's sale of its stock. In a statement to The Independent on Sunday the Pentagon said: "Secretary Rumsfeld has no relationship with Gilead Sciences, Inc beyond his investments in the company. When he became Secretary of Defence in January 2001, divestiture of his investment in Gilead was not required by the Senate Armed Services Committee, the Office of Government Ethics or the Department of Defence Standards of Conduct Office.

"Upon taking office, he recused himself from participating in any particular matter when the matter would directly and predictably affect his financial interest in Gilead Sciences."

TEXTARCHIVE

Chikungunya or Avian Influenza pandemic unlikely, says expert

Virus Weekly, 2 May 2006, p. 23 / Science Letter, 2006, p.196
https://textarchive.ru/c-2040024-pall.html

At a recent seminar, Professor Marc van Ranst of the University of Leuven claimed that a pandemic from Bird Flu or Chikungunya is unlikely.

The COST Office in Brussels organized a seminar on Bird Flu and Chikungunya, both viral infections of different kinds. Professor Marc van Ranst, the leading expert in this field from the University of Leuven informed the seminar about these two diseases and the actual risks that they represent for human beings.

Prof. van Ranst's presentation showed that currently there is little risk for Europe regarding the Chikungunya virus (a tropical disease transferred by a particular species of mosquitoes). However, on the island of La Reunion a high percentage of the population is affected.

In Europe some cases have been reported, affecting tourists coming back from their holiday on the Islands in the Indian Ocean. Prof. van Ranst concluded that there is practically no probability that the Chikungunya virus will be spread in Europe, because of the absence of the vector species.

The Bird Flu virus has already been recorded in Europe. Many people are afraid of an influenza pandemic such as that of 1918 in which more than 20 million people died. Prof. van Ranst clarified "the Bird Flu isn't something extraordinary and has existed for a long time already."

Until now there is no evidence of a pandemic and the Bird Flu virus can only be transferred from an infected bird to a human being by very close contact. The transfer from human being to human being is practically impossible.

Prof. van Ranst concluded his report stating that currently there are other diseases we should be much more concerned about, such as HIV, malaria and tuberculosis.

Tens of millions of people die due to these diseases every year - a fact neglected by the public in general and not reflected in adequate research efforts in particular.

Barbara Mikkelson

Tamiflu and Donald Rumsfeld
Does Secretary of Defense Donald Rumsfeld own Tamiflu stock?

Snopes, 6 May 2006
https://www.snopes.com/fact-check/tamiflu/

Claim: U.S. Secretary of Defense Donald Rumsfeld owns stock in the company that makes Tamiflu.

"Bird Flu" Do you know that 'bird flu' was discovered in Vietnam 9 years ago? Do you know that barely 100 people have died in the whole world in all that time? Do you know that it was the Americans who alerted us to the efficacy of the human antiviral *Tamiflu* as a preventative? Do you know that *Tamiflu* barely alleviates some symptoms of the common flu? Do you know that its efficacy against the common flu is questioned by a great part of the scientific community? Do you know that against a supposed mutant virus such as H5N1, *Tamiflu* barely alleviates the illness? Do you know that to date Avian Flu affects birds only? Do you know who markets *Tamiflu*? Roche Laboratories. Do you know who bought the patent for *Tamiflu* from Roche Laboratories in 1996? Gilead Sciences Inc. Do you know who was the then president of Gilead Sciences Inc. and remains a major shareholder? Donald Rumsfeld, the present Secretary of Defence of the USA. Do you know that the base of *Tamiflu* is crushed aniseed? Do you know who controls 90% of the world's production of this tree? *Roche*. Do you know that sales of *Tamiflu* were over $254 million in 2004 and more than $1000 million in 2005? Do you know how many more millions *Roche* can earn in the coming months if the business of fear continues?

So, the summary of the story is as follows: Bush's friends decide that the medicine *Tamiflu* is the solution for a pandemic that has not yet occurred and that has caused a hundred deaths worldwide in 9 years. This medicine doesn't so much as cure the common flu. In normal conditions the virus does not affect humans. Rumsfeld sells the patent for *Tamiflu* U to ROCHE for which they pay him a fortune. Roche acquires 90% of the global production of crushed aniseed, the base for the antivirus. The governments of the entire world threaten a pandemic and then buy industrial quantities of the product from Roche. So, we end up paying for medicine while Rumsfeld, Cheney and Bush do the business.

Are we crazy? Or are we idiots? At least pass this on so that it can be known!

Origins: This particular e-mail first came to us in April 2006. As to its claims, rather than take them in order, we'll examine them in two parts: whether the U.S. Secretary of Defense owns stock in the company that produces Tamiflu, and whether Tamiflu is effective against influenza.

As to the first, it is true Donald Rumsfeld does indeed have stock holdings in Gilead Sciences, Inc., the California biotech company that developed Tamiflu (a product now manufactured and sold by the pharmaceutical giant Roche), and so he benefits financially from increases in that company's stock price. (Gilead receives a royalty from Roche equal to about 10% of sales.) Rumsfeld was a member of Gilead's board of directors between 1988 and 2001, and he was its chairman from 1997 until he joined President George W. Bush's cabinet as Secretary of Defense in 2001. According to federal financial disclosures filed by Rumsfeld, he has Gilead stock holdings valued at between $5 million and $25 million.

The Secretary of Defense is not the only politically-connected person to have ties to Gilead. Former Secretary of State George Shultz, who is on Gilead's board, has sold more than $7 million worth of Gilead stock since the beginning of 2005. Another Gilead board member is the wife of former California governor Pete Wilson.

Rumsfeld is in a "damned if you do, damned if you don't" position because of his stock holdings, even though he apparently has no say in what Gilead does (he's no longer on its board) and has removed himself from being part of governmental decisions that affect it (he's recused himself). In a statement to The Independent in March 2006, the Pentagon said: "Secretary Rumsfeld has no relationship with Gilead Sciences, Inc. beyond his investments in the company. When he became Secretary of Defense in January 2001, divestiture of his investment in Gilead was not required by the Senate Armed Services Committee, the Office of Government Ethics or the Department of Defense Standards of Conduct Office. Upon taking office, he recused himself from participating in any particular matter when the matter would directly and predictably affect his financial interest in Gilead Sciences."

If Rumsfeld holds onto his stock and its share price rises (which one would expect it to do if an avian flu pandemic becomes a reality, or if concerns about such a pandemic continue to grow), he will be seen to be profiting mightily from sales of a product the U.S. government has been buying in large quantities. If he sells his stock and so divests himself of further interest in Tamiflu sales, he will be accused of locking up profits from the rise in share price that has already occurred. (In 2001, shares of Gilead Sciences, Inc. traded in a range between $6.64 and $17.93. Between January and April 2006, its price range has been $53.00 to $65.62.)

As to the second aspect of the e-mail, whether Tamiflu is effective against influenza (especially the specific H5N1 strain now referred to as avian or bird flu), the e-mail's dismissive "This medicine doesn't so much as cure the common flu" is misleading in that Tamiflu isn't meant to be a flu cure. Positioning the drug as a medicine that flopped obscures that fact.

Tamiflu does not cure the flu, but if taken soon after symptoms appear, Tamiflu can reduce the flu's severity. As to how well it's going to match up against bird flu, that is not yet known and indeed it may well not be knowable until the time comes. However, it is anticipated Tamiflu will have at least some effect against bird flu, and with that in mind, more than 60 countries (including the U.S.) have so far ordered large stocks of it. Such stockpiling is likely going to appear highly prudent if the bird flu pandemic, a worldwide medical disaster the United Nations estimates could kill 150 million people, does materialize.

Influenza is not a straightforward disease, as it is constantly mutating. While media attention has now conditioned us to regard "bird flu" as a particular entity, in truth there are many forms of "bird flu." The one now the focus of so much concern, the H5N1 strain, was first noted in Asian birds in 1997. That first year, 18 people in Hong Kong were diagnosed with the contagion, 6 of whom died. Since 1997, there have been approximately 206 known human cases bird flu (of which 114 died), but as the CDC points out: "It is possible that the only cases currently being reported are those in the most severely ill people, and that the full range of illness caused by the H5N1 virus has not yet been defined."

Viewed from one angle (114 deaths over the course of nine years), avian flu is not worth being much concerned about. But viewed from a more informed standpoint about the nature of influenza, there may indeed be great cause for alarm. Influenza can jump species and move from birds (and other animals, such as pigs) into humans. During the process of that move – and afterwards, as one person infects another – the virus changes form. What at one moment can be a containable and well-understood virus can in the space of hours or days become almost an entirely new virus. For this reason, flus are hard to combat: they change as they are passed along, staying well ahead of science's attempts to contain them.

Most strains of flu are not deadly to humans, save for members of groups especially at risk to all forms of contagion (e.g. the very young, the very old, and the infirm of all ages). Bird flu, however, is a killer, and if it jumps species and mutates on the fly into a form that humans can easily pass to each other, it could take the lives of millions in the space of weeks, ultimately making the United Nations' projected death toll of 150 million worldwide look like wishful thinking.

DNA

Bird flu pandemic could cost $2 trln: World Bank

DNA India, Reuters, 17 September 2006, 02:16 PM IST
https://www.dnaindia.com/world/report-bird-flu-pandemic-could-cost-2-trln-world-bank-1053517/amp

Singapore: A severe bird flu pandemic among humans could cost the global economy up to $2 trillion, the World Bank said on Sunday, sharply raising earlier estimates.

The comments came as a senior World Health Organisation official said the threat from the H5N1 avian flu virus was just as real today as it was six months ago, even if the headlines were not as scary.

Jim Adams, vice-president for East Asia and the Pacific and head of the Bank's avian flu taskforce, said a severe pandemic could cost more than three per cent of the global economy's gross national product.

"We estimate this could cost certainly over $1 trillion and perhaps as high as $2 trillion in a worst-case scenario. So the threat, the economic threat, remains real and substantial," he told reporters at the annual IMF-World Bank meetings in Singapore.

He said earlier estimates last year of about $800 billion in economic costs were basically written on the back of an envelope. But more recent financial modelling had revealed a sharper threat should the virus mutate and pass easily among people.

He said it was crucial to develop strong anti-bird flu programmes around the world to strengthen health and veterinarian services as well as improve public education and transparency.

"We have been working in virtually all of the countries, developing countries, that have been affected by an avian flu outbreak, providing advice and financing in the development of projects to tackle the challenge," he said.

Financing totalling about $150 million had been committed for projects in 11 countries, ranging from Albania to Laos and Turkey to tackle the disease, which has killed at least 144 people since it re-emerged in Asia in 2003.

An additional $15 million in grant aid had also been finalised for cash-strapped Indonesia, Adams said, as part of a wider package to help that country control the virus. Bird flu has killed nearly 50 people in Indonesia, the world's highest national toll, and the virus is endemic in poultry in most provinces of the southeast Asian nation.

David Nabarro, the WHO's avian flu coordinator, said one only had to look at the resurgence of bird flu in Thailand and Laos in past months to understand the risks posed by H5N1.

"The only difference between now and six months ago is not that the problem doesn't exist, it is perhaps headline writers have got used to it," he told reporters when asked if bird flu had turned into the Y2K of the viral world.

Fears of mass computer breakdowns due to glitches associated with Y2K, the turn of the millennium in 2000, proved unfounded.

Nabarro expressed satisfaction at the way governments around the world had responded to bird flu and that country-specific programmes were well under way in most, creating confidence for donors that their money would be well spent.

At a donors' conference in Beijing in January, nearly $1.9 billion was pledged. So far about $1.2 billion had been committed for projects and over $300 million disbursed as loans or grants.

Nabarro agreed there was a shortage of funds but it was crucial to focus on the fact that "we now have got in countries good ways of spending resources so we get results".

THE TIMES OF INDIA

Bird flu pandemic may cost $2 trillion: World Bank

The Times of India, 18 September 2006, 20:20 hrs
https://web.archive.org/web/20070511051020/http://timesofindia.indiatimes.com/articleshow/2003682.cms

Singapore: A severe bird flu pandemic among humans could cost the global economy up to $2 trillion, the World Bank said on Sunday, sharply raising earlier estimates.

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CIDRAP

Tamiflu may pose risk of mental side effects

CIDRAP, 14 November 2006
https://www.cidrap.umn.edu/influenza-general/tamiflu-may-pose-risk-mental-side-effects

Nov 14, 2006 (CIDRAP News) – Mainly on the basis of reports from Japan, drug manufacturer Roche and US regulators are warning that influenza patients treated with oseltamivir (Tamiflu) may have an increased risk of self-injury and delirium.

"People with the flu, particularly children, may be at increased risk of self-injury and confusion shortly after taking Tamiflu and should be closely monitored for signs of unusual behavior," says a warning that Roche has added to its official product information, according to a company letter posted on the Food and Drug Administration (FDA) Web site.

Oseltamivir, a neuraminidase inhibitor, is used both to prevent and to treat flu and is regarded as the best available drug for dealing with a potential pandemic strain of flu. The United States and many other countries are stockpiling it because of the pandemic threat.

The warning follows an FDA review of 103 reports of neuropsychiatric adverse events associated with oseltamivir use between Aug 29, 2005, and Jul 6, 2006, of which 95 came from Japan. That compares with 126 such adverse events reported between 1999 and August 2005. About two thirds of the problems were in children and youth (younger than 17 years).

A report by the FDA's Center for Drug Evaluation and Research says the adverse events included three fatal falls – one in a 14-year-old boy who apparently fell to his death from a condominium balcony and two in men. Most of the events (60 of 103) were described as delirium with disturbed behavior. Other problems included "suicidal events," panic attacks, delusions, convulsions, depressed consciousness, and loss of consciousness.

The FDA and Roche both say the contribution of the drug to the adverse events is not known. The FDA report says influenza by itself can lead to neuropsychiatric disorders, but many of the problems reported, especially delirium and suicide attempts, were not typical of those associated with flu alone.

Citing factors that seem to implicate oseltamivir in the events, the FDA said most of the problems occurred within a day after the start of treatment, and in many cases the physician suspected the drug was the cause. In addition, many of the patients recovered quickly after they stopped taking oseltamivir.

"It is still unclear whether these neuropsychiatric events are drug-related only, disease manifestations alone, or a combination" of the two, the report states.

The analysis notes that oseltamivir is used much more widely in Japan, with 24.5 million prescriptions from 2001 thorugh 2005, than in the United States, with 6.5 million prescriptions in the same period. In Japan the product information already includes a warning about possible psychoneurological problems.

The FDA report expresses concern that if oseltamivir use in the United States increases to the levels seen in Japan, the number of adverse events will increase as well. "Therefore, it would be prudent to update the U.S. labeling to be similar in scope with the current Japanese labeling," it says.

The Japanese origin of most of the adverse event reports might suggest that the problems are related to genetic characteristics common in Japan, the FDA analysis says. But given the much greater use of the drug in Japan and the possibility of different surveillance practices there, the lack of cases reported in the United States doesn't constitute good evidence for that hypothesis, it states.

The FDA analysis was prepared for the agency's Pediatric Advisory Committee, which is scheduled to meet Nov 16.

The latest developments come about a year after that committee concluded that 12 deaths in Japanese children who had been taking oseltamivir were not related to the drug. The FDA said then that the deaths seemed to be part of a wave of flu-related encephalitis and encephalopathy cases in Japanese children that began in the mid-1990s, before the drug was approved. But the committee asked the FDA to continue monitoring the situation and report again in a year.

THE LANCET

Christopher J L Murray, Alan D Lopez,
Brian Chin, Dennis Feehan, Kenneth H Hill

Estimation of potential global pandemic influenza mortality on the basis of vital registry data from the 1918-20 pandemic: a quantitative analysis

Lancet, 23 December 2006; 368 (9554): 2211-2218.
doi: 10.1016/S0140-6736(06)69895-4.

Abstract

Background: The threat of an avian influenza pandemic is causing widespread public concern and health policy response, especially in high-income countries. Our aim was to use high-quality vital registration data gathered during the 1918-20 pandemic to estimate global mortality should such a pandemic occur today.

Methods: We identified all countries with high-quality vital registration data for the 1918-20 pandemic and used these data to calculate excess mortality. We developed ordinary least squares regression models that related excess mortality to per-head income and absolute latitude and used these models to estimate mortality had there been an influenza pandemic in 2004.

Findings: Excess mortality data show that, even in 1918-20, population mortality varied over 30-fold across countries. Per-head income explained a large fraction of this variation in mortality. Extrapolation of 1918-20 mortality rates to the worldwide population of 2004 indicates that an estimated 62 million people (10th-90th percentile range 51 million-81 million) would be killed by a similar influenza pandemic; 96% (95% CI 95-98) of these deaths would occur in the developing world. If this mortality were concentrated in a single year, it would increase global mortality by 114%.

Interpretation: This analysis of the empirical record of the 1918-20 pandemic provides a plausible upper bound on pandemic mortality. Most deaths will occur in poor countries – ie, in societies whose scarce health resources are already stretched by existing health priorities.

The Sydney Morning Herald

Justin Norrie

Bird flu drug probe after 18 teenage deaths in Japan

The Sydney Morning Herald, 1 March 2007, 11.00 AM
https://www.smh.com.au/national/bird-flu-drug-probe-after-18-teenage-deaths-in-japan-20070301-gdpkln.html

Japanese health authorities are investigating a flu medicine that is also available in Australia after a teenager jumped 11 storeys to his death after taking the drug. It was the 18th juvenile fatality linked to Tamiflu in 17 months.

The Ministry of Health, Labour and Welfare has asked the Japanese importer of Tamiflu, an anti-viral drug regarded as the most important shield against bird flu in humans, to collect information about the conditions of patients who take the drug.

The 14-year-old boy's death follows a similar case two weeks ago, when a girl also 14, died after jumping from an apartment building at Gamagori, in central Japan.

It also comes after a warning by the US Food and Drug Administration late last year about the dangers of giving children Tamiflu. The drug is being stockpiled in Australia as the first line of defence against bird flu. In Australia, as in Japan, it is only available by prescription.

The Swiss manufacturer, Roche, says the rate of deaths and psychiatric disturbances among people taking its medication is no higher than for flu sufferers generally. It denies there is evidence of a direct correlation between the drug and the fatalities.

In the latest case the teenager, from Sendai in Japan's north-east, had been prescribed a five-day course of Tamiflu by his doctor. After taking two tablets on Monday, he woke during the evening and told his mother he was going to the bathroom, but went out the front door instead.

His mother followed him and called out when she saw him climbing a 1.3-metre handrail. Police said he did not respond, throwing himself off to the parking lot below. There was nothing to suggest the death was a suicide.

Hakuo Yanagisawa, the Minister of Health, Labour and Welfare, urged the public to stay calm. "There needs to be clear evidence," he said.

Drug companies reported that 54 people using Tamiflu died in Japan before November, the ministry said.

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Stuart Stevens

Bird Flu Could Kill More Than 60 Million People

UK Medix, 27 February 2008
https://web.archive.org/web/20120730125307/http://www.ukmedix.com/tamiflu/tamiflu-pandemic-flu-virus.cfm

An alarming report coming from Harvard University shows that if a full blown influenza pandemic were to breakout in the world is estimated that as many as 62 million individuals could die. The report goes on to say that out of these deaths 70,000 of them will occur in the United Kingdom.

This bird flu could kill more than 60 million people statistical analysis was worked out by using the death registrations that occurred between the years 1915 and 1923. The famous "Spanish Flu" that killed millions of people occurred between the years 1918 and 1920 and by examining increases in deaths over these years they were able to get a good idea of how many people the Spanish Flu actually killed. The Spanish Flu was in fact a bird flu and a variant on the deadly H5N1 bird flu virus that we are now seeing in the world today.

By making use of sophisticated mathematical formulas they were able to calculate that between 51 million and 81 million men and women would die worldwide if a similar type of virus was to become contagious between humans today. The scientists also considered regional differences which are found to have an effect on the amount of people dying of the bird flu virus. For example richer countries which have access to the influenza medication Tamiflu and good hospitals will have a lower number of deaths compared to those countries which have poorer medical facilities. They estimated that more than 95 percent of all the deaths from the bird flu virus would come from the third world.

The research that was led by Christopher Murray was published in the famous medical journal The Lancet. Other research done with the bird flu virus has estimated that the amount of people who could die from it could even top 1 billion worldwide.

The Korea Times

Bae Ji-sook

Bird Flu Medicine Toxic for Teens

The Korean Times, 13 May 2008
http://www.koreatimes.co.kr/www/news/nation/2008/05/117_24103.html

Concerns are rising over side effect of bird flu drug Tamiflu on teenagers.

Tamiflu is Swiss-based Hoffman-La Roche's antiviral for general influenza A and B but is also used to combat bird flu. However, worries have surfaced about the possibility of the medicine causing mental disorders among teenagers.

With fear of the H5N1 virus sweeping the nation, the government has doubled the quantity of the drug in storage, as it is the most effective treatment against avian influenza.

Whether to prescribe the pills with risks of side-effects such delusions or other disorders is being widely discussed among medical experts.

Although the drug has been the only medicine accredited to be effective against the H5N1 virus strain by the World Health Organization (WHO), the Japanese and Korean governments restricted its being prescribed to teenagers last year.

The Korea Food and Drug Administration announced that the drug should not be prescribed to those between 10 to 19 years old except for emergencies.

According to Roche, there has not been a reported case of side effects here, but the Seoul Shinmun, a local daily, reported that a woman in her 30s said she had nightmares after taking the drug in 2005.

The government's decision came after Japanese health authorities banned its prescription for teenagers in March 2007.

Japan has imported the drug since 2001, long before its effect on bird flu was acknowledged.

However, since then, there have been 1,268 cases of extraordinary behavior reported, of which 85 percent were from teenagers. They reportedly committed suicide by jumping out of buildings or into cars.

Health experts admit to the dilemma and said when necessary, it should be prescribed with extra prudence.

"We will have no option but to give out the pill once someone contracts the disease. But for teenagers we need to be extra careful and make sure it is prescribed at the most appropriate time," Korean Pharmacists for a Democratic Society spokesman Shin Hyeong-geun said. "Let's hope we will never have to worry about that."

The Telegraph

Roger Highfield

Government's bird flu drugs strategy is 'flawed'
The Government's strategy to defend the nation against a bird flu pandemic has been called into question.

The Telergraph, 15 May 2008, 1:06AM BST
https://web.archive.org/web/20090321005642/http://www.telegraph.co.uk/news/uknews/1956677/Governments-bird-flu-drugs-strategy-is-flawed.html

The Department of Health has built up millions of doses of Tamiflu, an antiviral drug, in preparation for a pandemic of the kind that killed 50 million people in 1918.

However, a team at the Medical Research Council's National Institute for Medical Research in London warned that a mutation in the H5N1 strain of the virus could make it resistant to the vaccine.

The researchers found that when mutation occurred in the H5N1 virus it became resistant to Tamiflu.

They advised against stockpiling only supplies of Tamiflu, suggesting that these should be augmented by other antiviral drugs.

Dr Steven Gamblin, who led the research, said: "It is likely a future pandemic will need to be tackled using a three or four-pronged approach, much as we tackle HIV today."

A Department of Health spokesman said: "We are considering how much of our stockpile should consist of a back-up antiviral

Forbes

Lionel Laurent

Bird Flu Not Forgotten by GlaxoSmithKline

Forbes, 19 May 2008, 10:45 AM ET
https://www.forbes.com/markets/2008/05/19/glaxo-bird-flu-markets-equity-cx_ll_0519markets11.html?sh=704478d77df7
https://web.archive.org/web/20090318021353/http://www.forbes.com/2008/05/19/glaxo-bird-flu-markets-equity-cx_ll_0519markets11.html

London. – The media pandemic may have died down, but GlaxoSmithKline is betting that the threat of an actual bird flu pandemic is still real enough for governments across Europe.

The pharmaceutical company said on Monday it had secured European approval for the first pre-pandemic vaccine against the dreaded H5N1 virus, more commonly known as bird flu, which began to gain notoriety five years ago.

Although there is no sign yet of the much-heralded worldwide bird flu pandemic – largely because H5N1 has still failed to transmit itself effectively from human to human – Glaxo's product offers governments the chance to stockpile the vaccine just in case.

Shares in GlaxoSmithKline (nyse: GSK - news - people) rose 20 pence (39 cents), or 1.8%, to £11.59 ($22.63), on Monday afternoon in London. The approval is the latest in a string of small positives for the British company, which also got European approval for lung cancer drug Hycamtin earlier this month.

"I don't think there will be a big sales boost," said Thomas Brenning, analyst with BayernLB. He said the bird flu media frenzy had died down somewhat, and that stockpiling the vaccine might not be seen as being in the public's interest anymore.

Furthermore, there are doubts as to how effective stockpiling pre-pandemic treatments can be. If a pandemic breaks out that involves a strain different from H5N1 – say H6, or H7 – the vaccine is likely to be useless.

"If governments, in taking a public health decision based on sound risk assessments, believe they should stock H5N1 vaccine, we would not disagree with that," said a spokesman for the World Health Organization on Monday.

But he added that there was "no guarantee" that the next pandemic would be an H5N1 pandemic, a fact which could cast serious doubt on the effectiveness of stockpiling the vaccine.

A spokesperson for GlaxoSmithKline said that the company believed an eventual pandemic would involve a strain in the H5N1 family, and that a pre-pandemic treatment would save the four-to-six-month delay of having to react to an official pandemic announcement. "The U.K. government could buy it tomorrow and vaccinate us tomorrow," she said.

Finland, Switzerland and the United States all placed orders for Glaxo's H5N1 vaccine totaling £146 million ($285.1 million), in 2007.

PNAS

Jessica A Belser , Ola Blixt, Li-Mei Chen, Claudia Pappas,
Taronna R Maines, Neal Van Hoeven, Ruben Donis, Julia Busch,
Ryan McBride, James C Paulson, Jacqueline M Katz, Terrence M Tumpey

Contemporary North American influenza H7 viruses possess human receptor specificity: Implications for virus transmissibility

Proc Natl Acad Sci USA. 27 May 2008; 105(21): 7558-63
doi: 10.1073/pnas.0801259105. Epub 2008 May 27. PMID: 18508975; PMCID: PMC2396559.

Abstract

Avian H7 influenza viruses from both the Eurasian and North American lineage have caused outbreaks in poultry since 2002, with confirmed human infection occurring during outbreaks in The Netherlands, British Columbia, and the United Kingdom.

The majority of H7 infections have resulted in self-limiting conjunctivitis, whereas probable human-to-human transmission has been rare.

Here, we used glycan microarray technology to determine the receptor-binding preference of Eurasian and North American lineage H7 influenza viruses and their transmissibility in the ferret model.

We found that highly pathogenic H7N7 viruses from The Netherlands in 2003 maintained the classic avian-binding preference for alpha2-3-linked sialic acids (SA) and are not readily transmissible in ferrets, as observed previously for highly pathogenic H5N1 viruses.

However, H7N3 viruses isolated from Canada in 2004 and H7N2 viruses from the northeastern United States isolated in 2002-2003 possessed an HA with increased affinity toward alpha2-6-linked SA, the linkage type found prominently on human tracheal epithelial cells.

We identified a low pathogenic H7N2 virus isolated from a man in New York in 2003, A/NY/107/ /03, which replicated efficiently in the upper respiratory tract of ferrets and was capable of transmission in this species by direct contact.

These results indicate that H7 influenza viruses from the North American lineage have acquired sialic acid-binding properties that more closely resemble those of human influenza viruses and have the potential to spread to naïve animals.

The Telegraph

Andy Bloxham

Scientists warn of bird flu epidemic

The Telegraph, 27 May 2008,7:00 AM BST
https://www.telegraph.co.uk/news/worldnews/northamerica/usa/2035638/Scientists-warn-of-bird-flu-epidemic.html
https://web.archive.org/web/20080528171812/https://www.telegraph.co.uk/news/worldnews/northamerica/usa/2035638/Scientists-warn-of-bird-flu-epidemic.html

A strain of bird flu has moved a step closer to developing the traits required to create an epidemic of the disease in humans, scientists warned on Monday.

Researchers who analysed samples of recent avian flu viruses found that a strain of the virus called H7N2 had adapted slightly better to living in mammals.

Tests on ferrets proved the strain could be passed between animals but scientists said the evidence suggested that bird flu could be transmitted between humans.

Dr Terrence Tumpey, a microbiologist with the US Centers for Disease Control and Prevention, in Atlanta, Georgia, said: "The finding underscores the necessity for continued surveillance and study of these viruses as they continue to resemble viruses with pandemic potential."

The virus tested on the ferrets - a standard animal model of flu in humans - was isolated from a man in New York in 2003, where it thrived on the same sugars found in the human windpipe.

The scientists said the virus could be evolving toward the same strong sugar-binding properties of the three worldwide viral pandemics in 1918, 1957 and 1968.

Like H5N1, the H7 family of flu viruses also primarily affects birds.

A deadly version of the H7N7 strain hit poultry in the Netherlands in 2003, and a less severe form, H7N2, broke out in the UK last year.

Some have estimated the death toll of an avian flu pandemic could be 100 million, including 500,000 in Britain.

The World Bank estimates that the financial cost of a pandemic could exceed $2 trillion.

The study appeared in the journal Proceedings of the National Academy of Sciences.

dziennik.pl

Szczepionkę na ptasią grypę testowali na bezdomnych

Dziennik.pl, 2 lipca 2008, 03:09 (2 July 2008)
https://wiadomosci.dziennik.pl/wydarzenia/artykuly/126671,szczepionke-na-ptasia-grype-testowali-na-bezdomnych.html

Za każde zaszczepienie nowym specyfikiem przeciwko grypie bezdomni z Grudziądza dostawali od przychodni po 5-10 złotych. Nie wiedzieli jednak, że nie chodziło o zwykłą grypę, a o siejącą na świecie spustoszenie ptasią grypę. Kilkanaście osób zmarło. Czy ich śmierć miała związek z testami? Do szokujących informacji dotarł reporter "Faktów" TVN. Zachowanie lekarzy potępiła minister zdrowia Ewa Kopacz.

Bezdomni twierdzą, że nie wiedzieli, iż szczepią ich przeciwko ptasiej grypie. W kwietniu 2007 roku grudziądzka przychodnia "Dobra Praktyka" wysłała do nich zapytanie, w którym była mowa o nieodpłatnym przekazaniu szczepionki przeciw zwykłej grypie o nazwie VAXIGRIP. Za każdą szczepionkę mieli dostać pieniądze, dlatego niektórzy zaszczepili się nawet kilkanaście razy. Dopiero teraz okazało się, że otrzymali dwie dawki szczepionki FLUAD- H5N1, która była ocenianą w tym badaniu szczepionką przeciwko groźnemu wirusowi grypy H5N1.

Tuż po szczepieniach kilkanaście osób zmarło. Nie wiadomo, czy testowanie szczepionki było przyczyną śmierci bezdomnych. Wielu z nich to osoby schorowane i wycieńczone trybem życia, dla których takie eksperymenty mogą być niebezpieczne. Statystyka daje jednak wiele do myślenia.

"W 2004 roku zmarło czterech bezdomnych z naszego ośrodka" - przyznaje w rozmowie z "Faktami" Mieczysław Wacławski, kierownik schroniska im św. Brata Alberta w Grudziądzu. Jednak w 2005 i 2006 roku zmarło łącznie 16 osób, w 2007 roku - roku, w którym testowano szczepionkę - aż 21. Według TVN24, pokrzywdzonych może być nawet 350 osób. Około 150 z nich - to bezdomni. Reszta to zwyczajni mieszkańcy, zwabieni zarobkiem.

Kierownictwo przychodni broni się, że wszyscy pacjenci podpisali zgodę na szczepienie i wiedzieli, przeciwko czemu się szczepią.

Wczoraj do toruńskiego sądu wpłynął akt oskarżenia przeciwko trojgu lekarzom i sześciu pielęgniarkom. Jak wykazało śledztwo, oszukali oni nie tylko pacjentów, ale i firmę farmaceutyczną, która zleciła szczepienia. Prokuratura zarzuca im fałszowanie dokumentacji, nakłanianie świadków do składania fałszywych zeznań i poświadczanie nieprawdy, a także przywłaszczenia mienia. Zarzut narażenia zdrowia i życia bezdomnych jednak w akcie oskarżenia nie pada.

Zachowaniem lekarzy oburzona jest minister zdrowia. "Lekarze, którzy prowadzili te badania, nie powinni wracać do zawodu" – tak oskarżonych lekarzy oceniła w programie "Fakty po Faktach" Ewa Kopacz. "W interesie wszystkich lekarzy leży, by ci, którzy zawinili, ponieśli karę" - dodała.

The Telegraph

Matthew Day

Homeless people die after bird flu vaccine trial in Poland

Three Polish doctors and six nurses are facing criminal prosecution after a number of homeless people died following medical trials for a vaccine to the H5N1 bird-flu virus.

The Telegraph, UK, 2 July 2008, 4:37 pm
https://www.telegraph.co.uk/news/worldnews/europe/poland/2235676/Homeless-people-die-after-bird-flu-vaccine-trial-in-Poland.html
https://web.archive.org/web/20080706125740/https://www.telegraph.co.uk/news/worldnews/europe/poland/2235676/Homeless-people-die-after-bird-flu-vaccine-trial-in-Poland.html

The medical staff, from the northern town of Grudziadz, are being investigated over medical trials on as many as 350 homeless and poor people last year, which prosecutors say involved an untried vaccine to the highly-contagious virus.

Authorities claim that the alleged victims received £1-2 to be tested with what they thought was a conventional flu vaccine but, according to investigators, was actually an anti bird-flu drug.

The director of a Grudziadz homeless centre, Mieczyslaw Waclawski, told a Polish newspaper that last year, 21 people from his centre died, a figure well above the average of about eight.

Although authorities have yet to prove a direct link between the deaths and the activities of the medical staff, Poland's health minister, Ewa Kopacz, has said that the doctors and nurses involved should not return to their profession.

"It is in the interests of all doctors that those who are responsible for this are punished," the minister added.

Investigators are also probing the possibility that the medical staff may have also have deceived the pharmaceutical companies that commissioned the trials.

The suspects said that the all those involved knew that the trial involved an anti-H5N1 drug and willingly participated.

The news of the investigation will come as another blow to the reputation of Poland's beleaguered and poverty-stricken national health service. In 2002, a number of ambulance medics were found guilty of killing their patients for commissions from funeral companies.

MED НОВОСТИ

В Польше несколько бездомных умерли во время испытаний вакцины от птичьего гриппа

MED media, 3 июля 2008, 18:19
https://medportal.ru/mednovosti/v-polshe-neskolko-bezdomnyh-umerli-vo-vremya-ispytaniy-vaktsiny-ot-ptichiego-grippa/

В Польше возбуждено уголовное дело в отношении трех врачей и шести медсестер, предположительно привлекавших постояльцев приюта для бездомных к клиническим испытаниям вакцины против птичьего гриппа. По данным администрации, за время исследования смертность в приюте выросла почти в три раза.

Согласно сообщениям местных СМИ, незаконные испытания экспериментального препарата проводились в приюте польского города Грудзёндз в 2007 году. За каждую прививку испытуемые получали вознаграждение в размере 5-10 злотых, причем некоторые из них прививались по десять и более раз. Как предполагают следователи, испытуемым сообщали, что на них тестируют утвержденный препарат от обычного гриппа, на самом же деле им вводили экспериментальную вакцину для защиты от вируса птичьего гриппа H5N1.

Следователи считают также, что организаторы эксперимента вводили в заблуждение разработчиков препарата, которые ничего не знали о методах подбора и составе участников исследования.

По данным директора приюта Мечислава Вацлавского, в течение 2007 года скончался 21 постоялец этого социального учреждения, тогда как предыдущие годы там фиксировалось в среднем не более 9 смертей в год.

Хотя причинно-следственная связь между всплеском смертности и незаконными испытаниями пока не доказана, министр здравоохранения Польши Эва Копач уже заявила о решимости строжайшим образом покарать виновных.

В свою очередь, подозреваемые в грубых нарушениях медицинской этики медики продолжают настаивать на своей невиновности. По их словам, все привлеченные к испытаниям люди были предупреждены о возможных рисках и подписали информированное согласие на участие в исследовании.

UK Parliament

House of Lords: Select Committee on Intergovernmental Organisations

Diseases Know No Frontiers:
How effective are Intergovernmental Organisations in controlling their spread?

Published by the Authority of the House of Lords, Volume I
Ordered to be printed 7 July 2008 // published 21 July 2008
http://www.publications.parliament.uk/pa/ld200708/ldselect/ldintergov/143/143.pdf?__cf_chl_tk=6E_ccw_.OhsGy.iHzQrdC5CACTYQjwvHUw8KURi2zSg-1681285413-0-gaNycGzNBpA

...

The twentieth century witnessed remarkable advances in many parts of the world in standards of public health and in the conquest of killer diseases, such as smallpox and poliomyelitis.

However, during the second half of the century the advent of globalisation (in particular, increased international trade and travel) and changes in human lifestyles (for example, greater human-animal contact) have enabled new infections to emerge and to spread much more rapidly around the world.

The onset of HIV in the 1980s and the outbreaks of SARS and avian influenza in the 1990s are striking, but by no means the only, examples. On average, a previously unknown infectious pathogen emerges somewhere every year. At the same time a number of infectious diseases, including some – such as tuberculosis and malaria – which were previously close to eradication, have developed resistance to antibiotics and in their resistant form they are much more difficult to treat. These problems cannot be tackled solely by States within their own borders: effective intergovernmental action is needed.

In recent years there has been a substantial and welcome upsurge in funding for infectious disease control from governmental, intergovernmental, charitable and private sources. At the same time, however, there has been a significant increase in the number of organisations involved, with the result that the landscape of international health has become, in the Government's words, "crowded and poorly coordinated". We have taken evidence from many of these organisations, and it is clear to us that, while there is an urgent need for rationalisation of effort, it is unrealistic to think in terms of imposing coordinating structures from above. The process has to be evolutionary rather than revolutionary, but it needs leadership.

There is no doubt in our mind, and in the minds of most of those from whom we have taken evidence, that that leadership function must rest with the World Health Organisation (WHO) and that, given appropriate strengthening of its management arrangements, WHO's remit and resources should be developed in order to encourage and support collaboration and rationalisation among the many actors on the international health stage.

...

Pandemic influenza might be said to be at the opposite end of the spectrum. At the time of going to press, there has been no recent outbreak of pandemic influenza reported. Historically, however, such outbreaks have occurred on average three times every century, and the last outbreak was in 1968. The last two pandemics (1958 and 1968) were caused by relatively mild strains of the virus, but the next one could have more serious consequences, especially if it should come in the form of a virus, such as the H5N1 variety, which is common in birds and poultry, which has already jumped the species barrier to infect humans and which might at some point in the near future become capable of human-to-human transmission. The Government's evidence to us on this was sobering:

"While there has not been a pandemic since 1968, another one is inevitable, whether or not it arises from H5N1. Estimates are that the next pandemic will kill between 2 million and 50 million people worldwide and between 50,000 and 75 ,000 in the UK. Socio-economic disruption will be massive" (p 2). In other words, we have in pandemic flu an infection which is not yet with us but which, when it arrives, is likely to have a devastating, if relatively shortlived, impact.

...

The Guardian

David Batty

Britain faces 75,000 deaths in bird flu pandemic, Lords report predicts

The Guardian, 21 July 2008, 11.02 BST
https://www.theguardian.com/world/2008/jul/21/pandemic.warning

Up to 75,000 Britons will in die in an "inevitable" flu pandemic that could kill as many as 50 million people worldwide, a parliamentary committee warns today.

The outbreak, most likely to be caused by a strain of bird flu, will be on a scale not seen for 40 years and cause "massive" disruption in the UK.

The committee report (click for PDF) warns that surveillance of emerging disease threats around the world needs to be overhauled to provide early warning of potential pandemics.

A new and potentially deadly infectious disease emerges somewhere in the world every year, threatening "devastating consequences" across the globe, warns the Lords intergovernmental organisations committee. Its report, published today, criticises Britain's "poorly coordinated" disease control systems.

Reform of the World Health Organisation (WHO) is "essential", as the global health agency is "dysfunctional" and lacking the organisation and resources to curb a major outbreak, it says.

The committee calls for new international disease surveillance systems in developing countries. The report says peers were given the following "sobering" advice by government ministers: "While there has not been a pandemic since 1968, another one is inevitable … Estimates are that the next pandemic will kill between 2 million and 50 million people worldwide and between 50,000 and 75,000 in the UK. Socio-economic disruption will be massive."

Three-quarters of new human diseases originate from animals, but experts have warned they are currently identified only after people are infected. The committee chairman, Lord Soley, said: "The last 100 years have seen great advances in public health and disease control through the world, but globalisation and changes in lifestyles are giving rise to new infections and providing opportunities for them to spread rapidly.

"We are particularly concerned about the link with animal health."

The last two flu pandemics, in 1958 and 1968, were caused by relatively mild strains of influenza. The report warns that the next could be far more serious, particularly if it comes from the H5N1 strain found in wild birds and poultry, which has already infected some humans.

The report predicts more widespread human-to-human transmission soon.

When H5N1 was found in Britain last year, the Department for the Environment and Rural Affairs culled 159,000 turkeys at a Bernard Matthews farm in Suffolk.

Mass immunisation against H5N1 has been ruled out, but the Department of Health has stockpiled enough of the antiviral drug Tamiflu to cover a quarter of the population.

According to the WHO, 385 people around the world have been infected with H5N1 and 243 of them died. Most of these were in Asia, in communities with people living close to poultry.

Although it does not easily infect humans, every time it does the chance increases of it mutating into a form more readily transferred between people.

The most severe flu pandemic was in 1918-1919. It killed an estimated 50 million people around the world.

The Korea Times

Kim Tae-jong

Bird Flu Strain Can Be Transmitted to Mammals

The Korean Times, 22 July 2008
https://web.archive.org/web/20090317000704/http://www.koreatimes.co.kr/www/news/nation/2008/07/117_28022.html

The government plans to strengthen monitoring of open bird markets as part of preventative measures against avian influenza. / Korea Times

Quarantine authorities said Tuesday that the virus strain of avian influenza that swept the country in April could be transmitted to mammals, but not necessarily to humans.

The Ministry of Food, Agriculture, Forestry and Fisheries sent samples from infected birds to the U.S. Center for Disease Control and Prevention for detailed analysis.

The U.S. agency concluded the virus from the sample could be transmitted to mammals but that there was no proof it could infect humans, an official from the ministry said.

"It was impossible to directly test if it can cause illness in humans. Alternatively, we chose a weasel for testing and when it was infected, it showed similar symptoms to bird flu," the official said at a news briefing.

He declined a "yes or no" answer over the possibility of the virus infecting humans, citing the lack of human testing.

He said the ministry was implementing a system to monitor poultry farms and bird habitats all year round and set up new procedures to quickly cope with any bird flu outbreaks.

The decision came as the disease caused massive damage to the nation last April – some 8.46 million birds were culled at a cost of 263 billion won ($260 million).

The ministry said it will specially monitor all 2,300 duck farms in the country because ducks have a longer incubation period for bird flu and were found to be the main cause of the spread. Chickens die more quickly from the disease.

The government will strengthen countermeasures against less virulent strains of bird flu and implement preventative culling to prevent possible mutation. It will also strengthen monitoring of traditional open-air markets and distributors to check for signs of sick birds or sudden deaths, and push new laws to prevent restaurants from butchering infected birds.

The sale of live birds at traditional markets to restaurants contributed to the spread of this year's outbreak. On the cause of the latest outbreak, migratory birds that spend the winter in warmer climates may been responsible as they stopped in South Korea on their way north, government officials said.

The ministry said all countermeasures to cull and disinfect areas affected by this year's bird flu outbreak were concluded by May 15, so South Korea can declare itself a "clean zone" to the World Organization for Animal Health on August 15.

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Jamie Stowe

CDC Says Bird Flu Becoming More Contagious

UK Medix, 1 August 2008
https://web.archive.org/web/20081121094441/http://www.ukmedix.com/tamiflu/cdc_says_bird_flu_becoming_more_contagious4046.cfm

In America the Centres for Disease Control and Prevention (CDC) say that the bird flu virus is changing and that it is developing strains and properties which could possibly increase the potential of it to infect humans from birds. They also said that it was also developing into a virus which could become more contagious between humans

The research was done on the Influenza A H7 virus types which are very contagious to birds but must not be mixed up with with the extremely deadly H5N1 bird flu virus. Nevertheless it is worth noting that if an H7 bird flu virus mutates it is likely that the H5N1 variant of the virus will also be able to follow suit.

Dr. Jessica Belser who led the research project for the Centres for Disease Control and Prevention explained that it is perfectly normal for influenza viruses to constantly change and in view of the fact that there is the scare of a deadly bird flu outbreak is very important that they are watched extremely carefully at the moment.

Humans get infected by the influenza virus when it attaches itself to sugar receptor molecules that are found in the respiratory tract. The greater the particular influenza viruses' ability to latch onto these receptors the more contagious they are to humans and the more likely they are to spread quickly among groups of people. Present the deadly H5N1 and the H7 variants of the virus can not latch on to these receptors easily and thus they are not very contagious.

This new research however explains that three H7N2 strains as well as two H7N3 strains of the influenza virus found in North America were seen to be able to latch themselves onto receptors in both birds and humans. In particular one of the H7N2 virus strains was found to have the biggest ability to bind onto human sugar receptors in the respiratory tract.

This research underlines the importance of close monitoring of all bird flu viruses so that the world can prepare itself for any deadly pandemics which could break out as a result of mutating influenza viruses. The research was published by the respected medical journal the Proceedings of the National Academy of Sciences.

[=> Belser JA, et al. Contemporary North American influenza H7 viruses possess human receptor specificity. – Proc Natl Acad Sci USA. 27 May 2008.

Science News

Tina Hesman Saey

H9N2 avian flu strain has pandemic potential
New study shows small changes make the subtype more transmissible

Science News, 12 August 2008, 9:35 pm
https://www.sciencenews.org/article/h9n2-avian-flu-strain-has-pandemic-potential

Pandemic planners may have been looking at the wrong avian influenza virus as the source of the next worldwide flu epidemic. A type of avian flu virus known as H9N2 could become transmissible in humans with just a few changes, a new study shows.

“The H9 may be a silent virus that doesn’t get noticed until it’s too late,” says Daniel Perez, a virologist at the University of Maryland, College Park.

Perez and his colleagues analyzed the pandemic potential of the H9 flu viruses in ferrets, a model for human disease transmission. The team found that changing a single chemical building block in the hemagglutinin protein that helps the virus latch onto cells can make the virus more transmissible in ferrets. Mixing the avian virus’s genes with those from human flu viruses also increases transmission and may make the virus more virulent, the researchers report online August 13 in PLoS ONE.

Though the virus did not become airborne in ferrets, it may have the potential to do so in the future.

Much attention has been focused on the H5N1 bird flu virus and H7 avian flu viruses as candidates for the next pandemic, says Chang-Won Lee, a molecular virologist at the Ohio State University in Wooster. But there is plenty of circumstantial evidence that the H9 viruses could also cause a future pandemic, Lee says.

H9 avian influenza is widespread among birds in Asia, the Middle East, Europe and Africa. It doesn’t make birds sick, so it often goes unnoticed. Some people and pigs have also been infected, but the virus causes only a mild illness in people and, so far, has not been known to spread from person to person. But Perez’s results could indicate that the H9 viruses may begin spreading among people with just minor changes.

“Transmission is really the cardinal property a virus has to have in order to cause a pandemic in humans,” says Peter Palese, a virologist at Mount Sinai School of Medicine in New York City. Still airborne transmission is a condition that would be necessary for a human pandemic, so the new results are a “half-full, half-empty glass,” Palese says.

Even if the H9 viruses do acquire the ability to spread in people, at first the infection is likely to cause minor illness. “You’re going to have a bunch of people who don’t feel very well, as opposed to dropping off the face of the Earth,” says Raymond Pickles, a cell biologist at the University of North Carolina at Chapel Hill. But the new data indicate that if the H9 viruses mix with other human viruses, as commonly happens in nature, it could become more potent.

While many pandemic planners put the deadly H5N1 virus at the top of their list of concerns, Robert G. Webster, a leading influenza researcher at St. Jude Children’s ResearchHospital in Memphis, Tenn., says H9N2 tops his “influenza hit list.”

The H9 virus is an “influenza sleeper,” Webster says. “It could cause many more problems than we realize.”

PLOS ONE

Hongquan Wan, Erin M. Sorrell, Haichen Song, Md Jaber Hossain,
Gloria Ramirez-Nieto, Isabella Monne, James Stevens, Giovanni Cattoli,
Ilaria Capua, Li-Mei Chen, Ruben O. Donis, Julia Busch, James C. Paulson,
Christy Brockwell, Richard Webby, Jorge Blanco, Mohammad Q. Al-Natour, Daniel R. Perez

Replication and Transmission of H9N2 Influenza Viruses in Ferrets: Evaluation of Pandemic Potential

PLoS ONE, 13 August 2008
https://doi.org/10.1371/journal.pone.0002923

Abstract

H9N2 avian influenza A viruses are endemic in poultry of many Eurasian countries and have caused repeated human infections in Asia since 1998.

To evaluate the potential threat of H9N2 viruses to humans, we investigated the replication and transmission efficiency of H9N2 viruses in the ferret model.

Five wild-type (WT) H9N2 viruses, isolated from different avian species from 1988 through 2003, were tested in vivo and found to replicate in ferrets. However these viruses achieved mild peak viral titers in nasal washes when compared to those observed with a human H3N2 virus.

Two of these H9N2 viruses transmitted to direct contact ferrets, however no aerosol transmission was detected in the virus displaying the most efficient direct contact transmission. A leucine (Leu) residue at amino acid position 226 in the hemagglutinin (HA) receptor-binding site (RBS), responsible for human virus-like receptor specificity, was found to be important for the transmission of the H9N2 viruses in ferrets.

In addition, an H9N2 *avian-human reassortant virus*, which contains the surface glycoprotein genes from an H9N2 virus and the six internal genes of a human H3N2 virus, showed enhanced replication and efficient transmission to direct contacts.

Although no aerosol transmission was observed, the virus replicated in multiple respiratory tissues and induced clinical signs similar to those observed with the parental human H3N2 virus.

Our results suggest that the establishment and prevalence of H9N2 viruses in poultry pose a significant threat for humans.

REUTERS

Maggie Fox, editing by Will Dunham

New bird flu threat could be H9N2, researchers say

Reuters, 13 August 2008, 1:02 am BST / 8:28 am
https://www.reuters.com/article/idUSN12523792
https://web.archive.org/web/20090317091434/http://uk.reuters.com/article/healthNews/idUKN1252379220080813

Washington (Reuters) - Countries around the world may be preparing for a possible H5N1 bird flu pandemic, but another strain called H9N2 also poses a threat to humanity, researchers reported on Tuesday.

Tests on the H9N2 strain of the virus show it is capable of infecting and spreading with very few changes, a team from the University of Maryland, St. Jude's Children's Research Hospital in Memphis, and elsewhere reported.

"Our results suggest that the establishment and prevalence of H9N2 viruses in poultry pose a significant threat for humans," the researchers wrote in the Public Library of Science journal PLoS ONE.

Most influenza experts agree that a pandemic -- a deadly global epidemic -- of some kind of flu is inevitable.

No one can predict what kind but the chief suspect is the H5N1 bird flu virus, which has infected 385 people and killed 243 of them since 2003. It is entrenched in birds now in some areas and has killed or forced the slaughter of 300 million.

Just a few mutations could turn it into a virus that people catch and transmit easily. But flu experts caution H5N1 is not the only virus with this potential.

H9N2, a virus seen mostly in birds, has infected at least four children in Hong Kong, causing mild illness, and is found in birds, pigs and other animals in Europe and Asia.

Maryland's Daniel Perez and colleagues tinkered with the virus and tested it in ferrets, animals whose biology is very close to humans when it comes to flu.

A single mutation made H9N2 more virulent and pathogenic, and also helped it transmit more easily from one ferret to another, they reported in their study, available on the Internet

They also *mixed H9N2 with an H3N2 virus*, a type of influenza virus that causes seasonal flu in people. Scientists believe that if a human or animal is infected with two strains of flu at the same time, this "reassortment" can happen in nature.

The reassorted virus was easier for the ferrets to catch and transmit.

One reassuring finding - neither of the lab-engineered viruses could be transmitted in the air, via aerosol. This might make them somewhat less transmissible, although people pick up flu from surfaces touched by an infected person.

"Although no aerosol transmission was observed, the virus replicated in multiple respiratory tissues and induced clinical signs similar to those observed with the ... human H3N2 virus," the researchers wrote.

There are hundreds of strains of avian influenza viruses, but only four – H5N1, H7N3, H7N7, and H9N2 – are known to have caused human infections, according to the World Health Organization.

GlobalResearch

F. William Engdahl

The Pentagon's alarming project: Avian Flu Biowar Vaccine

Global Research, 14 August 2008
https://www.globalresearch.ca/the-pentagon-s-alarming-project-avian-flu-biowar-vaccine/9833

There is alarming evidence accumulated by serious scientific sources that the US Government is about to or already has 'weaponized' Avian Flu. If the reports are accurate, this could unleash a new pandemic on the planet that could be more devastating than the 1918 Spanish Flu epidemic which killed an estimated 30 million people worldwide before it eventually died out. Pentagon and NIH experiments with remains in frozen state of the 1918 virus are the height of scientific folly. Is the United States about to unleash a new racially selective pandemic through the process of mandatory vaccination with an alleged vaccine "against" Avian Flu?

There is reason to believe that sections of the international pharmaceutical industry cartel are acting in concert with the US Government to develop a genetically modified H5N1 virus substance that could unleash a man-made pandemic, perhaps more deadly than the 1918 'Spanish Influenza' pandemic claiming up to 30 million lives.[1]

Rima E. Laibow, MD, head of the Natural Solutions Foundation, a citizen watchdog group monitoring the pharmaceutical industry states, "Our best intelligence estimate is that pandemic Avian Flu has already been created through genetic engineering in the United States, fusing the deadly genome of the 1918 Pandemic, misnamed the 'Spanish Flu', with the DNA of the innocuous H5N1 virus in a growth medium of human kidney cells, according to the National Institutes of Health and the vaccine's manufacturer. Some virologists believe that this would insure that the man-made mutant virus recognizes human cells and knows how to invade them.

If true, as Laibow points out, "A basic virological fact that the public has not been told is that it is impossible to make a vaccine against a virus that does not yet exist. Public relations efforts to the contrary, IF a vaccine is being made against the Avian Flu virus in its pandemic form, that means that the pandemic virus must already exist, period, end of discussion".[3]

The genome of the 1918 pandemic, the so-called "Spanish Flu", was recently intentionally resurrected by the United States government from a frozen corpse that died of the flu in 1918 in Alaska. Because of that resurrection, both the Avian Flu, and its "vaccine" are now a significant threat to public health.

The Spanish Flu, which was not Spanish at all, was created in the US through an early bioweapons program and injected into healthy young men (i.e., 'soldiers') as the first mandatory vaccination in the military during World War I. The "Spanish Flu", which originated in Kansas on US Military bases, was one of the deadliest pandemics in modern history. It was also one of the most successful biological weapons ever created, until now. Aspartame and Tyson Foods doubts ...

To date, there have only been around 385 human cases of Avian Flu identified worldwide (assuming those identifications are trustworthy, of course), with 243 deaths. To put the absurdity of this effort into perspective, Laibow points out, Sudden Cardiac Death (SCD), which researchers believe is heavily associated with aspartame consumption, is a leading cause of death which, according to the CDC, for example, killed 460,000 Americans in 1999 and the numbers keep rising (www.cdc.gov/mmwr/preview/mmwrhtml/mm5106a3.htm.)

But, aspartame is not under criticism. Interesting as a footnote on Aspartame, G.D. Searle, the Chicago drugs company that held the patent on Aspartame was in danger of losing its license from the US Government Food & Drug Administration in the 1980's until Donald Rumsfeld, out of Government, was named President of Searle. Rumsfeld used his contacts in Washington to get the FDA to approve Aspartame despite known tests showing serious health effects on rats.

As I document in detail in my book, Seeds of Destruction: The Hidden Agenda of Genetic Manipulation, the same Don Rumsfeld went on to become chairman and principal stockholder of a California pharmaceutical company, Gilead Sciences Inc., which developed and patented Tamiflu in 1996, first as a drug for AIDS, later as a vaccine for H5N1 Avian Flu. In 1997 Donald H. Rumsfeld was named Chairman of the Board of Gilead Sciences, where he remained until early 2001 when he became Defense Secretary. As Secretary he refused to sell his stock at the time he came under conflict of interest allegations when he ordered $1 billion worth of Tamiflu be bought to injected into the US military personnel as a "precaution." It was later proven that Tamiflu was in no antidote for H5N1 and its side effects were sometimes very severe.

Laibow adds, "Given the shockingly obvious lack of any threat from an un-weaponized H5N1 virus, how can we explain the Bush Administration spending billions of dollars preparing each of the 50 States, for what it calls the 'inevitable Bird Flu pandemic,' which they say could kill half or more of all Americans and similar numbers of people around the globe?".[4]

Ominously, on June 3, Associated Press reported, "Tyson Foods Inc. has begun killing and burying the carcasses of 15,000 hens from a flock that tested positive for exposure to a strain of the bird flu in northwest Arkansas, state officials said Tuesday."

Tyson Foods is the largest industrialized producer of chickens in the world and has been repeatedly under attack for its unsanitary conditions of breeding and slaughtering. In January 2005, a US Government Accountability Office (GAO) report to the US Senate, "Safety in the Meat and Poultry Industry," concluded that US meat and poultry processing plants had "one of the highest rates of injury and illness of any industry." They cited exposure to "dangerous chemicals, blood, faecal matter, exacerbated by poor ventilation and often extreme temperatures. Workers typically faced hazardous conditions, loud noise, must work in narrow confines with sharp tools and dangerous machinery."

The industrialization of chicken-raising and slaughtering in the USA has progressed to the point that by 2003 when the first cases of H5N1 Avian Flu virus were reported from Asia, five giant multinational agribusiness companies dominated the production and processing of chicken meat in the United States. The five companies were Tyson Foods, the largest in the world; Gold Kist Inc; Pilgrim's Pride; ConAgra Poultry; and Perdue Farms.[5] Most outbreaks of Avian Flu in Asia have been traced back to such mass chicken industrial factory centers.[6]

In May this year, The Canadian Press reported from Toronto, "An experiment mating H5N1 avian flu viruses and a strain of human flu in a laboratory produced a surprising number of hybrid viruses that were biologically fit, a new study reveals. And while none of the offspring viruses was as virulent as the original H5N1, about one in five were lethal to mice at low doses, showing they retained at least a portion of the power of their dangerous parent".[7]

The Toronto article went on, "The work suggests that under the right circumstances - and no one is clear what all of those are - the two types of flu viruses could swap genes in a way that might allow the H5N1 virus to acquire the capacity to trigger a pandemic. That process is called reassortment. 'This study is just showing exactly that: There is a risk this virus can successfully reassort with a human virus,' said Richard Webby, director of the World Health Organization's collaborating centre for influenza research at St. Jude Hospital in Memphis, Tennessee".[8]

Pentagon Bioweapon research

Prof. Mathew Meselson, a professor of molecular biology at Harvard, and well-respected scientist in the area of chemical and biological warfare, confirms that the United States government has extensively researched and developed biological weapons in the past. Meselson described an American facility, north of Terre Haute, Indiana, built in 1944 that would have produced 500,000 four pound anthrax bombs monthly once in full operation.

Meselson was part of a team that proved the accidental release of anthrax at a Soviet facility in 1979, disproved charges of biological warfare in Laos and Cambodia in the late 1970s, and was a driving force behind popularizing the Chemical Weapons Convention in 1994.

Since coming in office, the Bush-Cheney Administration has done much to weaken that Chemical Weapons Convention as well as ones on biological weapons. One of George W. Bush's first acts as President in early 2001 was to oppose a proposed international Biological and Toxic Weapons Protocol, without explanation, leading to the death of the talks.

In a 2004 study, the British Medical Association warned that the world was perhaps only a few years away from "terrifying biological weapons capable of killing only people of specific ethnic groups," citing advances in genetic weapons technology. [9]

The US Department of Homeland Security has ominously enough announced it is ordering production and stockpiling of a pandemic influenza vaccine: "The U.S. Government is taking steps to minimize the need to make vaccine allocation decisions by supporting efforts to increase domestic influenza vaccine production capacity. Significant funding is being provided to develop new vaccine technologies that allow production of enough pandemic influenza vaccine for any person in the United States who wants to be vaccinated within six months of a pandemic declaration".[10]

The curious role of Sanofi Pasteur.

The US Government has been financing the development of a vaccine against H5N1 on a "fast track" basis since 2004. Sanofi Pasteur in Swiftwater, Pennsylvania, a subsidiary of the giant French pharmaceutical firm, the third largest in the world, manufactured an inactivated vaccine made from an H5N1 virus isolated in Southeast Asia in 2004. Sanofi Pasteur, part of the French-based Sanofi Aventis Group, was awarded a contract by the US Government's National Institute of Allergy and Infectious Diseases (NIAID), part of the National Institutes of Health (NIH), NIAID to manufacture the H5N1 vaccine in May 2004.[11]

In April 2007 the FDA approved the Sanofi Pasteur vaccine for H5N1 even though one year before the FDA cited Sanofi Pasteur for producing contaminated Fluzone vaccines.[12] The FDA approved H5N1 vaccine is itself apparently not really effective in event of a human-to-human outbreak of Avian Flu. On announcing its approval, the FDA stated, "two injections given 28 days apart may provide 'limited' protection if a pandemic occurs. About 45% of people who got the vaccine in a study developed an immune response to the virus".[13]

Until now H5N1 has not mutated into a form that can easily spread from person to person. Is that what the researchers at Sanofi Pasteur and various labs under contract to the US Government are engaged in? If so it would be classified Top Secret, clearly. The respected British magazine, New Scientist, commented, "If H5N1 does mutate, it is unclear if vaccines developed now would still work against a pandemic strain. Manufacturers could tailor a new vaccine to that strain, but current production methods take months".[14]

The magazine noted that research on the Sanofi vaccine was conducted by the National Institutes of Health as part of the US Government's efforts to prepare for a flu pandemic. The salient question is whether they prepare "for a flu pandemic" or whether they prepare a flu pandemic. Why is the US Government spending hundreds of millions of taxpayer dollars to stockpile this H5N1 vaccine which likely would not work against such a pandemic outbreak?

On July 2, 2008, the London Daily Telegraph newspaper reported, “Three Polish doctors and six nurses are facing criminal prosecution after a number of homeless people died following medical trials for a vaccine to the H5N1 bird-flu virus”.[15]

The report added that the medical staff, from the northern town of Grudziadz, were being investigated over medical trials on as many as 350 homeless and poor people last year, which prosecutors say involved an untried vaccine to the highly-contagious virus. Authorities claim that the alleged victims received €3 to be tested with what they thought was a conventional flu vaccine but, according to investigators, was actually an anti bird-flu drug. The director of a Grudziadz homeless centre, Mieczyslaw Waclawski, told a Polish newspaper that last year, [21] people from his centre died, a figure well above the average of about eight.

The Polish report did not specify if it was the vaccine being developed under contract to the US Government Department of Homeland Security by Sanofi-Pasteur. However, it is known that Sanofi-Pasteur has been producing large quantities of such a vaccine at a factory they have in China.

Dr. Laibow reports that the “Pandemic Avian Flu Vaccine” was scheduled to be delivered to the United States this month by the French vaccine maker, Sanofi Pasteur, from a facility they own in China, where it is being produced. The US Government issued its “Vaccine” allocation plan in July. Laibow fears that a most sinister scenario of a deliberate release of Avian Flu pathogens on the population that could activate martial law and forced vaccination with resulting deaths in the millions could be imminent.

Spanish Flu virus revived by Pentagon.

In 2003 US Army scientists created ‘Spanish Flu’ virus in the laboratory. According to a report at the time by the watchdog group, *The Sunshine Project*, which monitors biological and chemical weapons research of the United States Government issued a statement that “The ‘Spanish Flu’ influenza virus that killed 20-40 million people in 1918 is currently under reconstruction. Several genes of the extraordinarily lethal 1918 flu virus have been isolated and introduced into contemporary flu strains. These proved to be lethal for mice, while virus constructs with genes from a current flu virus types had hardly any effect. These experiments may easily be abused for military purposes, but provide little benefit from a medical or public health point of view.”

They continued, “The 1918 Spanish Flu was highly infectious and – in comparison to contemporary flu viruses – killed a very high percentage of those infected, including many younger people. The Spanish Flu alone caused the medium life expectancy in the US in 1918 to drop by 10 years. Hence, flu viruses are perceived today as a serious biological warfare threat. Just two weeks ago, a 15 million dollar research grant was awarded in the US to develop protective measures especially against a bioterrorist attack with flu viruses.”

The statement added, “Despite the very dangerous nature of the 1918 virus, efforts to reconstruct it started in the mid 1990s, when Dr Jeffrey Taubenberger from the US Armed Forces Institute of Pathology in Washington DC succeeded in recovering and sequencing fragments of the viral RNA from preserved tissues of 1918 victims. In the current issue of the scientific journal Emerging Infectious Diseases new genetic details of the 1918 flu virus will be published.”

Most ominously, they report, “But after (partially) unravelling the genetic sequence of the virus, the scientists went a step further and began bringing the Spanish flu back to life. Unnoticed by the public, they succeeded in creating a live virus containing two 1918 genes that proved to be very lethal in animal experiments. This experiment is only one genetic step away from taking the 1918 demon entirely out of the bottle”.[16]

They conclude, “A resuscitation of the Spanish flu is neither necessary nor warranted from a public health point of view. Allegedly, the recent experiments sought to test the efficacy of existing antiviral drugs on the 1918 construct. But there is little need for antiviral drugs against the 1918

strain if the 1918 strain had not been recreated in the first place. 'It simply does not make any scientific sense to create a new threat just to develop new countermeasures against it.' says Jan van Aken, biologist with the Sunshine Project, 'Genetic characterization of influenza strains has important biomedical applications. But it is not justifiable to recreate this particularly dangerous eradicated strain that could wreak havoc if released, deliberately or accidentally'."[17]

Let us sincerely hope not, but as Prof. Stephen Block, Stanford University biophysicist with years of experience in classified Pentagon and US Government biological research remarked in another context, "We're tempted to say that nobody in their right mind would ever use these things." Block added, "But not everybody is in their right mind…".[18] Sanofi Pasteur delivers H5N1 vaccine

On April 28 of this year in an official Press Release from Sanofi Pasteur US headquarters in Swiftwater, Pennsylvania and Lyon, France, the company stated, "Sanofi Pasteur, the vaccines division of Sanofi-Aventis Group, announced today that the US Department of Health and Human Services (HHS) has accepted H5N1 bulk vaccine antigen to produce approximately 38.5 million doses of vaccine to protect against a new strain of avian influenza. Sanofi Pasteur has a multi-year contract with HHS as part of its pandemic program, and will receive a payment of $192.5 million booked in the second quarter of 2008 for acceptance of the bulk vaccine lot".[19]

Then, on June 16 of this year, Sanofi Pasteur issued the following release announcing that it will, "donate 60 million doses of H5N1 vaccine to the World Health Organization (WHO) over 3 years for the establishment of an H5N1 vaccine global stockpile."

The President and CEO of Sanofi Pasteur, Wayne Pisano, said in the release, "The H5N1 virus is currently circulating in some of the poorest regions of the world and an outbreak of pandemic influenza would most likely hit populations living in areas with limited access to vaccines. This donation of H5N1 vaccine aims to address the needs of those most vulnerable populations. In addition to supporting the efforts of governments," Pisano added, "it is essential that industry collaborates with international organizations such as WHO, the Bill and Melinda Gates Foundation and other global health players. This is the best way to build a stockpile of vaccines for developing nations, ready to be deployed on the ground in the event of a pandemic flu outbreak".[20]

The Bill and Melinda Gates Foundation, in addition to being a financial supporter of the so-called Doomsday Seed Vault in the Arctic, has dedicated its foundation billions to support population control especially inAfrica. Among other projects they, as well as the Rockefeller Foundation, are financing The Alliance for a Green Revolution in Africa, whose head is former UN Secretary General Kofi Annan.[21]

As the world's leading influenza vaccine manufacturer, Sanofi Pasteur produces approximately half of the influenza vaccine distributed worldwide. In the US it produced more than 40 percent of the influenza vaccine distributed for the 2007-2008 influenza season. The fact that the US Government has revived the 1918 Spanish Flu virus to make "tests" indicates that anything is possible. There are in this world some people not in their "right mind." God forbid if it is so in this instance.

Notes

1. Alfred W. Crosby, America's Forgotten Pandemic: The Influenza of 1918, Cambridge, Cambridge University Press, 1989, pp.207-8. The Spanish Influenza was unusual in that it struck infants as well as elderly. Crosby described its effects: "a disease that turned people the color of wet ashes and drowned them in the fluids of their own bodies and inspired names like the 'purple death.'
2. Rima E. Laibow, M.D., Weaponized Avian Flu Intelligence Report, in http://www.healthfreedomusa.org/?p=742
3. Ibid.
4. Ibid.
5. F. William Engdahl, Saat der Zerstörung: Die dunkle Seite der Gen-Manipulation, Kopp Verlag, Rottenburg am Neckar,2007, pp. 269-271.
6. Grain, Fowl Play: The Poultry Industry's Central Role in the Bird Flu Crisis,http://www.grain.org/go/birdflu, February 2006. In their report they note, "The transformation of poultry production in Asia in recent decades is

staggering. In the Southeast Asian countries where most of the bird flu outbreaks are concentrated –Thailand, Indonesia, and Viet Nam–production jumped eightfold in just 30 years, from around 300,000 metric tonnes (mt) of chicken meat in 1971 to 2,440,000 mt in 2001. China's production of chicken tripled during the 1990s to over 9 million metric tons per year." (Cited in Engdahl, Op. Cit., p. 288.).

7. As well, a report by a Canadian organization, Beyond Factory Farming, described the transmission likely pathways from the giant industrialized chicken centers: 'In Thailand, China and Vietnam there is a highly developed industrial poultry industry which has expanded dramatically in the past decade. The large poultry companies raise millions of birds, hatch chicks to supply other intensive poultry operations, export live birds and eggs to countries such as Nigeria (where the first Highly Pathogenic Avian Influenza outbreak in Africa was recently reported) and produce and export feed which often includes "litter" (i.e., manure) in the ingredients. […]

'Manure that may contain live virus is spread on surrounding farmland, or exported as fertilizer, and through run-off may end up in surface waters where wild birds feed and rest. Chicken manure is even found in fish farm feed formulations where it is introduced directly into the aquatic environment. Wild birds and poultry that have fallen victim to HPAI in Asia, Turkey and Nigeria appear to have been directly exposed to HPAI virus originating in the factory farm system. In Asia, a flock of wild ducks died from HPAI – after having come into contact with the disease at a remote lake where a fish farm used feed pellets made from poultry litter from a factory farm. In Turkey a massive cull of backyard flocks – and the deaths of three children – took place after a nearby factory farm sold sick and dying birds to local peasants at cut rate prices. Nigeria has a large and poorly regulated factory poultry production sector which is supplied with chicks from factory farms in China.' (Engdahl, Op. Cit., p. 289)

8. Study shows hybrids of bird flu and human flu viruses fit well, could occur, The Canadian Press, Toronto, undated. May 2008. Ibid. (?)

9. F. William Engdahl, Op. Cit., pp. 262-263.

10. United States Department of Homeland Security, Health & Human Services Department, Guidance on Allocating and Targeting Pandemic Influenza Vaccine, p. 2, accessed in http://www.pandemicflu.gov/vaccine/allocationguidance.pdf.

11. NIH News, NIAID Initiates Trial of Experimental Avian Flu Vaccine, Washington, D.C., March 23, 2005, accessed in http://www3.niaid.nih.gov/news/newsreleases/2005/avianfluvax.htm.

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13. The New Scientist, US Approves First Bird Flu Vaccine for People, 17 April, 2007, accessed at http://www.newscientist.com/channel/health/bird-flu/dn11626-us-approves-first-bird-flu-vaccine-for-people.html

14. Ibid.

15. Matthew Day, Homeless people die after bird flu vaccine trial in Poland, Daily Telegraph, July 2, 2008, accessed in http://www.telegraph.co.uk/news/worldnews/europe/poland/2235676/Homeless-people-die-after-bird-flu-vaccine-trial-in-Poland.html.

16. The Sunshine Project, Lethal Virus from 1918 Genetically Reconstructed: US Army scientists create 'Spanish Flu' virus in laboratory – medical benefit questionable, 9 October 2003, accessed at http://www.sunshine-project.org/publications/pr/pr091003.html.

17. Ibid.

18. Cited in F. William Engdahl, Op. Cit., p. 277.

19. Press Release of Sanofi Pasteur, U.S. Government accepts $192 million of sanofi pasteur H5N1 bulk vaccine antigen for pandemic stockpile: Vaccine for new strain of virus broadens government readiness program, April 28, 2008, accessed at http://198.73.159.214/sanofi-pasteur2/ImageServlet?imageCode=22971&siteCode=SP_CORP

20. Press Release of Sanofi Pasteur, Sanofi Pasteur to donate 60 million doses of H5N1 vaccine to WHO over 3 years for its influenza vaccine global stockpile, June 16, 2008, accessed at http://198.73.159.214/sanofi-pasteur2/ImageServlet?imageCode=22987&siteCode=SP_CORP.

21. William Engdahl, 'Doomsday Seed Vault' in the Arctic: Bill Gates, Rockefeller and the GMO giants know something we don't, in Global Research, December 4, 2007, accessed in http://www.globalresearch.ca/index.php?context=va&aid=7529

the same text but without references =>

F. W. Engdahl

The Pentagon's alarming project: Avian Flu Biowar Vaccine

Jeff Rense, 14 August 2008

https://rense.com/general83/weap.htm

USA Today

Robin McDowell

US controls bird flu vaccines over bioweapon fears

USA Today/Associated Press, 11 October 2008
https://usatoday30.usatoday.com/news/world/2008-10-11-3349819523_x.htm

Jakarta, Indonesia – When Indonesia's health minister stopped sending bird flu viruses to a research laboratory in the U.S. for fear Washington could use them to make biological weapons, Defense Secretary Robert Gates laughed and called it "the nuttiest thing" he'd ever heard.

Yet deep inside an 86-page supplement to United States export regulations is a single sentence that bars U.S. exports of vaccines for avian bird flu and dozens of other viruses to five countries designated "state sponsors of terrorism."

The reason: Fear that they will be used for biological warfare.

Under this little-known policy, North Korea, Iran, Cuba, Syria and Sudan may not get the vaccines unless they apply for special export licenses, which would be given or refused according to the discretion and timing of the U.S. Three of those nations – Iran, Cuba and Sudan – also are subject to a ban on all human pandemic influenza vaccines as part of a general U.S. embargo.

The regulations, which cover vaccines for everything from Dengue fever to the Ebola virus, have raised concern within the medical and scientific communities. Although they were quietly put in place more than a decade ago, they could now be more relevant because of recent concerns about bird flu. Officials from the U.S. Department of Health and Human Services and the Centers for Disease Control and Prevention said they were not even aware of the policies until contacted by The Associated Press last month and privately expressed alarm.

They make "no scientific sense," said Peter Palese, chairman of the microbiology department at Mount Sinai School of Medicine in New York. He said the bird flu vaccine, for example, can be used to contain outbreaks in poultry before they mutate to a form spread more easily between people.

"The more vaccines out there, the better," he said. "It's a matter of protecting ourselves, really, so the bird flu virus doesn't take hold in these countries and spread."

U.S. Commerce Assistant Secretary Christopher Wall declined to elaborate on the precise threat posed by vaccines for chickens infected with avian influenza, except to say there are "valid security concerns" that they "do not fall into the wrong hands."

"Legitimate public health and scientific research is not adversely affected by these controls," he said.

But some experts say the idea of using vaccines for bioweapons is far-fetched, and that in a health emergency, it is unclear how quickly authorities could cut through the current red tape to get the vaccines distributed.

Under normal circumstances it would take at least six weeks to approve export licenses for any vaccine on the list, said Thomas Monath, who formerly headed a CIA advisory group on ways to counter biological attacks. All such decisions would follow negotiations at a "very high level" of government.

That could makes it harder to contain an outbreak of bird flu among chickens in, say, North Korea, which is in the region hardest hit by the virus. Sudan and Iran already have recorded cases of the virus in poultry and Syria is surrounded by affected countries. Cuba, like all nations, is vulnerable because the disease is delivered by migratory birds.

Kumanan Wilson, whose research at the University of Toronto focuses on policymaking in areas of health protection, said it would be ironic if the bird flu virus morphed into a more dangerous form in one of those countries.

"That would pose a much graver threat to the public than the theoretical risk that the vaccine could be used for biological warfare," he said.

The danger of biological warfare use depends on the specific virus or bacteria. But most experts agree that bird flu vaccines cannot be genetically altered to create weapons because they contain an inactivated virus that cannot be resuscitated.

It's also unlikely they would be used to create a resistant strain of the virus as part of efforts to wreak havoc within global poultry stocks. If enemy states wanted to do that, they could make their own vaccines or turn to a less hostile country like China, said Ian Ramshaw, an expert on vaccine immunology and biosecurity at The Australian National University in Canberra.

"I can think of no scientific reason how a terrorist organization could use such a vaccine for malicious intent," he said. "I personally think it's a rather silly attitude and the U.S. is probably going overboard as it has in the past with many of its bioterrorism initiatives."

Meanwhile, bioethicists say limiting vaccines could also raise moral questions of whether some countries should be denied because of decisions based on foreign policy. They said the export controls appear inconsistent, as Libya, Iraq and two dozen other countries suspected by the U.S. of having biological weapons programs do not face restrictions on the export of poultry vaccines.

"If there really is a serious threat, to be consistent we'd have to more heavily regulate who has access to the vaccine," said Michael Selgelid, who co-authored the book "Ethical and Philosophical Consideration of the Dual Use Dilemma in the Biological Sciences."

"There are malevolent actors in the U.S. just like there might be in all these other countries," he said.

The policies were initially put in place amid biosecurity fears in the mid-1990s and then bolstered after the Sept. 11, 2001 attacks and subsequent anthrax letter mailings. The vaccines are among a long list of other items barred to rogue states over fears they could be used to make weapons of mass destruction, from technology and chemicals to dangerous pathogens.

Bird flu has killed more than 240 people across the world since 2003, nearly half of them in Indonesia.

Indonesia's health minister Siti Fadilah Supari first drew widespread attention when she boycotted the World Health Organization's 50-year-old virus sharing system last year, saying pharmaceutical companies were using viruses from developing nations without their knowledge to make expensive vaccines. She has since called for the creation of a global stockpile of drugs or other forms of benefit-sharing.

World Health Organization

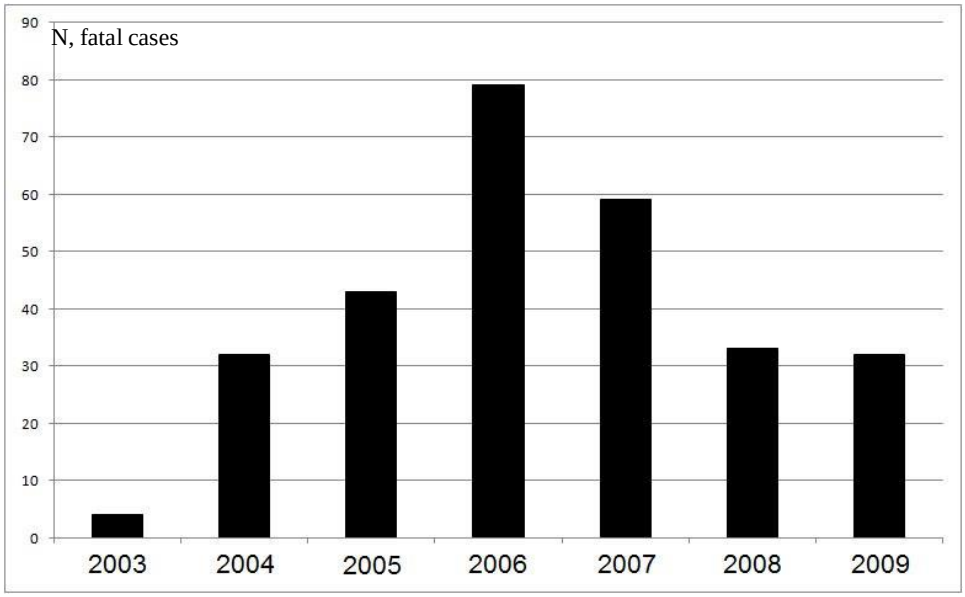
Cumulative number of confirmed human cases for avian influenza A(H5N1) reported to WHO, 2003-2021

Geneva, WHO, 15 April 2021

https://www.who.int/publications/m/item/cumulative-number-of-confirmed-human-cases-for-avian-influenza-a(h5n1)-reported-to-who-2003-2021-15-april-2021

Country	2003		2004		2005		2006		2007		2008		2009	
	cases	deaths	cases	deaths	cases	deaths	cases	deaths	cases	deaths	cases	deaths	cases	deaths
Azerbaijan	0	0	0	0	0	0	8	5	0	0	0	0	0	0
Bangladesh	0	0	0	0	0	0	0	0	0	0	1	0	0	0
Cambodia	0	0	0	0	4	4	2	2	1	1	1	0	1	0
Canada		0	0	0	0	0	0	0	0	0	0	0	0	0
China	1	1	0	0	8	5	13	8	5	3	4	4	7	4
Djibouti	0	0	0	0	0	0	1	0	0	0	0	0	0	0
Egypt	0	0	0	0	0	0	18	10	25	9	8	4	39	4
Indonesia	0	0	0	0	20	13	55	45	42	37	24	20	21	19
Iraq	0	0	0	0	0	0	3	2	0	0	0	0	0	0
Lao People's Democratic Republic	0	0	0	0	0	0	0	0	2	2	0	0	0	0
Myanmar	0	0	0	0	0	0	0	0	1	0	0	0	0	0
Nepal	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Nigeria	0	0	0	0	0	0	0	0	1	1	0	0	0	0
Pakistan	0	0	0	0	0	0	0	0	3	1	0	0	0	0
Thailand	0	0	17	12	5	2	3	3	0	0	0	0	0	0
Turkey	0	0	0	0	0	0	12	4	0	0	0	0	0	0
Viet Nam	3	3	29	20	61	19	0	0	8	5	6	5	5	5
Total	**4**	**4**	**46**	**32**	**98**	**43**	**115**	**79**	**88**	**59**	**44**	**33**	**73**	**32**

Table 2 of the WHO documrent includes the years 2003 - 2009



The dynamics of the fatal cases is presented in the form of columns

CTV NEWS

(Hellen Branswell)

Researchers ponder future of bird flu

CTV News (The Canadian Press), 1 January 2009, 6:05 PM ET
https://web.archive.org/web/20090104045913/https://www.ctv.ca/servlet/ArticleNews/story/CTVNews/20090101/bird_flu_090101/20090101?hub=Health

Toronto – Five years after the avian influenza strain H5N1 started killing poultry and people in Southeast Asia, researchers still don't know what to make of the dangerous and unpredictable virus.

After cutting an ever-widening swath through poultry flocks and infecting – and killing – mounting numbers of people in Asia, the Middle East and Africa, the virus seemed to almost take a breather in 2008. The year that just ended saw fewer recorded human cases than any since 2003, when this cycle of H5N1 activity began.

It raises the question: Is H5N1 on the wane?

Sadly, science knows too little about how flu viruses emerge, spread and jump – or don't jump – from one species to the next to answer that question. Given the knowledge gap, influenza scientists are still pushing for pandemic preparedness.

"Whether or not H5N1 virus is going to cause a human pandemic, nobody can predict that," says Dr. Tim Uyeki, deputy chief of influenza surveillance and prevention for the U.S. Centers for Disease Control.

"I believe it's still a threat. But it's not the only threat," he adds, noting a two-month-old Chinese girl was hospitalized in Hong Kong in late December with an H9N2 avian flu infection.

Whatever the uncertainty about H5N1, one thing is clear. A fog of exhaustion has settled over the influenza science community as well as the public health officials who have been slaving over pandemic plans. A healthy portion of the broader public is probably sick to death of the subject too.

"I think flu fatigue is certainly a phrase which is thrown around a fair amount in the past several months or past year or so," admits Dr. Keiji Fukuda, head of the World Health Organization's global influenza program.

"In stepping back after going through three or four years of working really hard, I think that there is a genuine sense of `Wow! We have been pushing so hard and we are tired of that."'

Fukuda says the fear associated with the initial re-emergence of H5N1 – which infected 18 people and killed six in 1997 in its first known foray into humans – fuelled an urgent drive to prepare for what was feared to be an emerging pandemic.

"There was truly a sense that we simply do not understand what this virus is going to do and it could just change at any moment into something. And I think that that really drove people to work incredibly hard," Fukuda says.

But as time as gone on, it has become apparent the virus isn't working on a discernible timetable.

After a peak of 115 human cases and 79 deaths in nine countries in 2006, human infections declined to 88 cases and 59 deaths in 2007. In 2008, only 40 human cases and 30 deaths were reported, from six countries.

Experts can only guess at why that is, and whether it signals a long-term change or is merely a short-term blip.

"It could be just a cyclical thing," says Dr. Maria Zambon, head of the respiratory viruses unit of Britain's Health Protection Agency. "I would be cautious, I think about … inferring long-term trends from actually reasonably limited data."

Zambon notes that for years, in the recent past, two separate families of influenza B viruses had circulated concurrently in Southeast Asia. The phenomenon was only seen in Southeast Asia; in the rest of the world, only one of the lineages of B viruses spread and caused infections.

And then after the better part of a decade, the second lineage of B viruses broke free and started spreading all over. Scientists don't know why it took so long to happen or what the tipping point was.

"So, my general point is flu is highly mutable," Zambon says. "It does all sorts of unpredictable things. And I just think it's something that one should not underestimate."

Some pathogens do work in waves or cycles, says Dr. Michael Osterholm, head of the University of Minnesota's Center for Infectious Disease Research and Prevention.

So it is technically possible that a primary wave has worked its way through bird populations and the viruses now circulating are less likely to infect humans or cause detectable human cases if they do.

Osterholm is quick to add, though, that he's seen no evidence to support that kind of change, which typically happens over a longer period of time.

"People want to play this out on a year-to-year basis. And unfortunately, this is going to be a many-year-to-many-year basis kind of evaluation," he warns.

Fukuda says studies haven't shown that the virus has fundamentally changed, so the best guess is that the reason for the decline in cases probably rests with human behaviour. Efforts to eradicate infected poultry have improved, and countries that use poultry vaccine may be lowering the number of times people come in contact with the viruses as a result.

As well, affected countries have made strides at educating the public about the risk of contact with sick and dying poultry, he says, though poor people are probably still putting the carcasses of infected birds into the pot, rather than the pyre.

Uyeki suggests other possibilities.

As the problem has seemed to wane, so has attention on it. That could be translating into more lax surveillance for new cases. Doctors could be less likely to suspect and test for H5N1 infection, attributing illness to myriad other potential causes.

And the virus has divided up into many different lines or "clades" and "sub-clades," a development that creates challenges for testing, he notes. If the sample genetic material laboratories used to look for viruses is out of date, a test that should be positive could come back negative.

As the scientists watch and wonder, public health is struggling with its own questions.

"I think really the question for a lot of them is whether enough has been done, whether such sustained effort is needed," Fukuda admits. "They know that work has to continue and they are not certain at what level it needs to continue."

It's clear the threat of a flu pandemic, caused by H5N1, or H9N2 or one of a multitude of other influenza viruses, remains. It's clear the preparatory work is not finished. But it's also clear there are a vast number of other health problems competing for funding in highly challenging economic times.

It is a concern, Fukuda admits.

"These are really long-term building efforts," he says of efforts to prepare the world to weather the next pandemic.

"And if we begin to withdraw our attention and move our attention to something else which is completely different, then we really stand to lose a lot of the work which has been built up over the past four years."

"To do this over and over again is truly … it's like being Sisyphus," he says, referring to the Greek myth of a figure condemned to a task that can never be completed.

=> the next text is a shortened version of the story published in CTV News

THE GLOBE AND MAIL

Hellen Branswell

'Flu fatigue' sets in among scientists after global spread of virus slows

The Globe and Mail (The Canadian Press), 1 January 2009
https://www.theglobeandmail.com/news/national/flu-fatigue-sets-in-among-scientists-after-global-spread-of-virus-slows/article1145766/

Five years after the avian influenza strain H5N1 started killing poultry and people in Southeast Asia, researchers still don't know what to make of the dangerous and unpredictable virus.

After cutting an ever-widening swath through poultry flocks and infecting - and killing - mounting numbers of people in Asia, the Middle East and Africa, the virus seemed almost to take a breather in 2008. The year that just ended saw fewer recorded human cases than any since 2003, when this cycle of H5N1 activity began. It raises the question: Is H5N1 on the wane?

Sadly, science knows too little about how flu viruses emerge, spread and jump - or don't jump - from one species to the next to answer that question. Given the knowledge gap, scientists are still pushing for pandemic preparedness.

"Whether or not H5N1 virus is going to cause a human pandemic - nobody can predict that," says Tim Uyeki, deputy chief of influenza surveillance and prevention for the U.S. Centers for Disease Control.

"I believe it's still a threat. But it's not the only threat," he adds, noting a two-month-old Chinese girl was hospitalized in Hong Kong last month with an H9N2 avian flu infection.

Whatever the uncertainty about H5N1, one thing is clear. A fog of exhaustion has settled over the influenza science community as well as the public health officials who have been slaving over pandemic plans. A healthy portion of the broader public is probably sick to death of the subject, too.

"I think flu fatigue is certainly a phrase which is thrown around a fair amount in the past several months or past year or so," admits Keiji Fukuda, head of the World Health Organization's global influenza program. "In stepping back after going through three or four years of working really hard, I think that there is a genuine sense of 'Wow! We have been pushing so hard and we are tired of that'."

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Dr. Uyeki suggests other possibilities. As the problem has seemed to wane, so has attention on it. That could be translating into more lax surveillance for new cases. Doctors could be less likely to suspect and test for H5N1 infection, attributing illness to myriad other potential causes.

It's clear the threat of a flu pandemic - caused by H5N1 or H9N2 or one of a multitude of other influenza viruses - remains. But it's also clear there are a vast number of other health problems competing for funding in highly challenging economic times.

It is a concern, Dr. Fukuda admits. "If we begin to withdraw our attention and move our attention to something else which is completely different, then we really stand to lose a lot of the work which has been built up over the past four years. To do this over and over again is truly ... it's like being Sisyphus," he says, referring to the Greek myth of a man condemned to a task that can never be completed.

CBC

Hellen Branswell

Whatever happened to avian flu?

CBC News (The Canadian Press), 2 January 2009, 10:28 AM EST
https://www.cbc.ca/news/science/whatever-happened-to-avian-flu-1.818411

Five years after the avian influenza strain H5N1 started killing poultry and people in Southeast Asia, researchers still don't know what to make of the dangerous and unpredictable virus.

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... the same text as published in CTV.ca ...

=> there is a shortened version of the initial text

HAMILTON THE SPECTATOR

(Hellen Branswell)

Bird flu virus keeps scientists guessing

The Hamilton Spectator, 2 January 2009
https://www.thespec.com/news/canada/2009/01/02/bird-flu-virus-keeps-scientists-guessing.html

Five years after the avian influenza strain H5N1 started killing poultry and people in Southeast Asia, researchers still don't know what to make of the dangerous and unpredictable virus.

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...

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DNN

Stephanie Backus

Scientists say pandemic is certain: Expert panel tells emergency managers it's just a matter of when the avian flu will spark a pandemic

– Disaster News, Washington, DC. 7 March 2009
https://web.archive.org/web/20090311064921/http://www.disasternews.net/news/article.php?articleid=3856

It was 1999 and the world was buzzing with talk of Y2K. Banks were unsure if their computers would crash at midnight on New Years Eve or if they would switch over like nothing happened. People were stockpiling emergency items with fear the world would go back to prehistoric times. Then at midnight on December 31, the world paused, and took a collective sigh of relief. There were few glitches and many people started laughing at everyone who said it was going to be a big deal – at everyone who made emergency preparations for the event.

Now, scroll forward 10 years, and part of the world is once again preparing for a different kind of disaster – a pandemic. A pandemic is a disease that spreads across a major geographical region including an entire country or countries.

Many scientists are now sure that a version of H5N1, or the avian flu, will cause a pandemic in the future. While speaking to health officials at the National Emergency Management Summit Thursday, several experts said the issue was no longer an "if" issue, it was now "when." Without knowing when a pandemic will hit, many hospitals and the government are doing what they can to try to prepare the U.S. for the event.

"In 2005 then President George Bush announced a national startegy for pandemic influenza," said Dr. Robin Robinson, senior project officer of the Public Health Emergency Preparedness Office of the U.S. Department of Health and Human Services. "It was a pandemic influenza implementation plan."

Robinson has been partly responsible for making sure the U.S. is ready such an event. He said the plan initially had several parts, including the ability to make an influenza vaccine available for 20 million people who are at high risk for getting the H5N1 flu or are essential in a time of national emergency.

"We also wanted to make sure we could have everyone in the U.S. vaccinated within six months of the pandemic declaration," Robinson said.

Initially the plan was to have the ability to do that by 2011. Robinson said the government has the capability today to get everyone vaccinated in six months. By 2011, he said that time frame could be down to a month. According to Robinson, the government looked long and hard for enough vaccine to accomplish this goal.

"We actually found on the black market a season of influenza vaccine priced between $400 and $600," he said, noting the price of a normal vaccine is less than $20. "Imagine when everyone is scared and will want something."

Robinson said the government has also prepared to be able to provide antiviral drugs to 25 percent of the population, once the pandemic hits.

"We also wanted to provide drug stockpiles for strategic limited containment at the onset of the pandemic," he said.

All the preparations could wear some down, though, according to P.J. Havice-Cover, a mental health professional and program coordinator for the state of Colorado.

"With a flash bang event like the Oklahoma City bombings or 9/11, we spend a lot of energy planning," said Havice-Cover. "But this is a slow burn of a public health event because you have a protracted response that lasts a whole lot longer. It wears people down."

Havice-Cover said we are over-warned in our lives and that causes a numbness to warnings for major events like a pandemic.

"When you tell people to listen to warnings, they don't listen," she said. "There are warning labels on everything. We've heard the warnings over and over and over again, that we've become deaf to them. Ignoring the warning has become an art."

Havice-Cover said once the pandemic comes, people will likely shrug their shoulders when they are told to prepare for it, until there is nothing left with which to prepare. She said once store shelves are empty or the pandemic hits close to home, people will start listening.

"There is so much information coming at us, we don't know the seriousness of an event. You are going to get no action from the public when the pandemic hits," she said. "It's the primal shrug – the attitude of 'so what,' until we get to the tipping point and they realize what it means. It's when they go to the ER and they can't get in, or they go to a mobile triage site and they are told to go home. That is when they'll start to realize."

Havice-Cover stressed the importance of preparing mentally for a pandemic. She said people will go through several stages, including depression and anger.

"Grief and loss is a certainty in planning for the pandemic," she said. "You can respect and normalize people's grieving processes by giving them updates on progress. Don't just ignore the losses. If you're in a position to inform the public, talk about it. Community memorial services are very important."

She said it was also important to be prepared to be quarantined for months at a time. She said stockpiling food was important, but there was another aspect to that preparation.

"It's important to be prepared to entertain children for long periods of time. We've become a society that works, so some may need that preparation. We also need to be teaching kids how to cover your cough and the importance of handwashing as well as how long and the best way to wash hands," she said.

Quarantine could be an important part of the fight against a pandemic.

"When you're talking to people, voice your appreciation for those in quarantine. Talk about how they're hometown heroes and doing waht they need to be doing in order to protect the community," said Havice-Cover.

According to Havice-Cover, eventually the pandemic will subside, but it is important not to expect life to begin quickly again.

"Once the community is allowed to return to normal activities, some people are going to do that, but some are going to be very cautious. These are both very normal responses.

But Havice-Cover was confident people would get through the pandemic.

"Resillience and change is a given; challenges help us grow.

REUTERS

Maggie Fox, a reporter; Chris Wilson, an editor

U.S. Regulator Approves Rapid Test for Bird Flu

Reuters, 7 April 2009, 6:21pm EDT
https://www.reuters.com/article/americasRegulatoryNews/idUSN0749228120090407

Washington, April 7 (Reuters) – The U.S. Food and Drug Administration said on Tuesday it had approved a fast test for H5N1 bird flu that can show in less than an hour if people are infected.

The test, made by Sunnyvale, California-based Arbor Vita Corporation, should greatly speed up diagnosis and treatment of people infected with avian influenza, the FDA said. Most current tests take hours.

"This test is an important tool to help quickly identify emerging influenza A/H5N1 infections and reduce exposure to large populations," said Dr. Daniel Schultz, director of the FDA's Center for Devices and Radiological Health.

"The clearance of this test represents a major step toward protecting the public from the threat of pandemic flu."

H5N1 mostly affects birds, but it occasionally infects people and is deadly when it does. The World Health Organization says 413 people have been infected and 256 have died in 15 countries since 2003.

Quick treatment with Riche AG (ROG.VX) and Gilead Sciences Inc's (GILD.O) drug Tamiflu can help save lives but usually people are not diagnosed right away.

"The test, called AVantage A/H5N1 Flu Test, detects influenza A/H5N1 in throat or nose swabs collected from patients who have flu-like symptoms," the FDA said in a statement.

"The test identifies in less than 40 minutes a specific protein (NS1) that indicates the presence of the influenza A/H5N1 virus subtype. Previous tests cleared by the FDA to detect this influenza A virus subtype can take three or four hours to produce results."

Experts fear H5N1 could mutate into a form that spreads easily from person to person. If it did, it would cause a pandemic that could kill millions and devastate economies. Governments are trying to prepare for such an epidemic by stockpiling drugs, vaccines and diagnostic tests. (Reporting by Maggie Fox; editing by Chris Wilson)

KM.RU ЗДОРОВЬЕ

Максим Кошмарчук

Вирус "птичьего гриппа" не представляет опасности для людей - эксперт

РИА, 28 апреля 2009, 21:40
https://ria.ru/20090428/169496007.html
https://www.km.ru/news/ptichij_gripp_bolshe_ne_opasen_d

"Ситуация с H5N1 (вирус гриппа птиц) неактуальна сегодня. Он (вирус) другой уже, он уже не способен убить человека, не способен ввергаться в организм человека", - сказал Дроздов на пресс-конференции в Новосибирске во вторник.

Новосибирск, 28 апр - РИА Новости, Максим Кошмарчук. Вирус "птичьего гриппа", который начал активно распространяться с 2003 года и привел к гибели людей в разных странах, сегодня уже не представляет опасности для человека, сообщил глава Государственного научного центра вирусологии и биотехнологии (ГНЦ ВБ) "Вектор", занимающегося глобальным противостоянием биологическим угрозам, Илья Дроздов.

"Ситуация с H5N1 (вирус гриппа птиц) неактуальна сегодня. Он (вирус) другой уже, он уже не способен убить человека, не способен ввергаться в организм человека", - сказал Дроздов на пресс-конференции в Новосибирске во вторник.

По его словам, вирус изменился и мутировал.

"Имеются материальные зримые предпосылки к тому, чтобы считать, что H5N1 на какое-то время ушел из зоны актуальности, хотя он по-прежнему выделяется на рынках в Гонконге, и это нормальное событие", - сообщил Дроздов.

По данным Всемирной организации здравоохранения (ВОЗ), с 2003 года вирусом H5N1 заразились 389 человек в 15 странах мира, причем два из трех случаев болезни (246 из общего числа) - закончились смертью. Большинство случаев заражения происходили при прямом контакте с инфицированными птицами.

На территории России первые сообщения о массовой гибели гусей и кур появились 21 июля 2005 года в деревне Суздалка под Новосибирском. Ключевую роль в распространении инфекции играли перелетные птицы.

ГНЦ ВБ "Вектор", который расположен в Новосибирской области и считается одним из крупнейших в России научных вирусологических и биотехнологических центров, является национальным российским центром мониторинга птичьего гриппа. На базе центра создана национальная лаборатория по работе с особо опасными, высокопатогенными вирусами гриппа.

Активно распространяющийся с 2003 года вирус «птичьего гриппа» сегодня уже не представляет опасности для человека. Об этом, по данным РИА Новости, сообщил глава Государственного научного центра вирусологии и биотехнологии (ГНЦ ВБ) «Вектор», занимающегося глобальным противостоянием биологическим угрозам, Илья Дроздов.

AMERICAN SOCIETY FOR MICROBIOLOGY | Journal of Virology

Sara Jackson, Neal Van Hoeven, Li-Mei Chen, Taronna R. Maines, Nancy J. Cox, Jacqueline M. Katz, Ruben O. Donis

Reassortment between Avian H5N1 and Human H3N2 Influenza Viruses in Ferrets: a Public Health Risk Assessment

Journal of Virology, August 2009, 83 (16): 8131-8140
doi:10.1128/JVI.00534-09

This study investigated whether transmissible H5 subtype human-avian reassortant viruses could be generated in vivo. To this end, ferrets were coinfected with recent avian H5N1 (A/Thailand/16/04) and human H3N2 (A/Wyoming/3/03) viruses.

Genotype analyses of plaque-purified viruses from nasal secretions of coinfected ferrets revealed that approximately 9% of recovered viruses contained genes from both progenitor viruses.

H5 and H3 subtype viruses, including reassortants, were found in airways extending toward and in the upper respiratory tract of ferrets. However, only parental H5N1 genotype viruses were found in lung tissue.

Approximately 34% of the recovered reassortant viruses possessed the H5 hemagglutinin (HA) gene, with five unique H5 subtypes recovered.

These H5 reassortants were selected for further studies to examine their growth and transmissibility characteristics.

Five H5 viruses with representative reassortant genotypes showed reduced titers in nasal secretions of infected ferrets compared to the parental H5N1 virus.

No transmission by direct contact between infected and naïve ferrets was observed. These studies indicate that reassortment between H5N1 avian influenza and H3N2 human viruses occurred readily in vivo and furthermore that reassortment between these two viral subtypes is likely to occur in ferret upper airways.

Given the relatively high incidence of reassortant viruses from tissues of the ferret upper airway, it is reasonable to conclude that continued exposure of humans and animals to H5N1 alongside seasonal influenza viruses increases the risk of generating H5 subtype reassortant viruses that may be shed from upper airway secretions.

The Economist

Will avian flu be the next human pandemic?
The virus has spread from birds to mammals, heightening the risk

The Economist, 14 February 2023
https://www.economist.com/the-economist-explains/2023/02/14/will-avian-flu-be-the-next-human-pandemic

He Largest-Ever recorded outbreak of avian influenza is tearing through populations of poultry and wild birds across the world. There are growing fears that it might pose a risk to humans, too. On February 8th Tedros Adhanom Ghebreyesus, the head of the World Health Organisation, warned that the world had to prepare for a possible bird-flu pandemic. How worried should humankind be?

Dr Tedros's warning was prompted by the recent spread of H5N1, a subtype of the influenza virus, from birds to mammals. In recent weeks Peru has reported the deaths of 585 sea lions from H5N1. In October an outbreak was discovered on a mink farm in Spain. In Britain the virus has been found in foxes and otters.

...

News Articles
REVEALING NEWS FOR A BETTER WORLD

Avian and Swine Flu News Articles
Excerpts of key news articles on avian and swine flu
News Articles, 2005 - 2020
https://www.newsarticles.media/avianflubirdnewsarticles-0-20

Below are key excerpts of little-known, yet highly revealing news articles on avian and swine flu from the major media. Links are provided to the full articles for verification. If any link fails to function, read this webpage. These avian and swine flu news articles are listed by order of importance. You can also explore them listed by order of the date of the article or by the date posted. By choosing to educate ourselves, we can and will build a brighter future.

All News Articles: Index to Fascinating News Article Topics
https://www.newsarticles.media/indexnewsarticles

INTERNET ARCHIVE

INTERNET ARCHIVE
WayBackMachine
Explore more than 807 billion web pages saved over time
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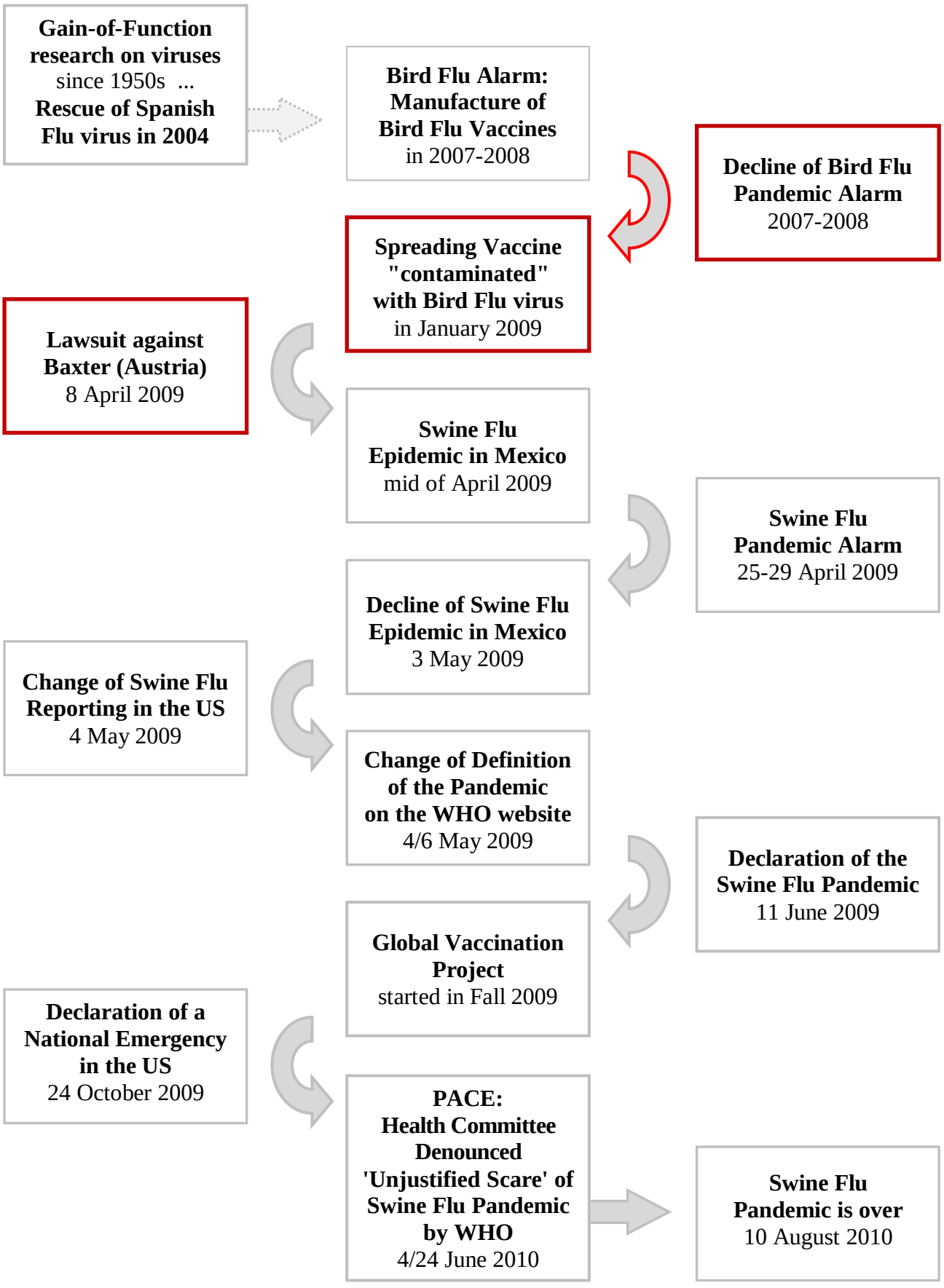
To open some of the arivcles, a website of the Internet Archive should be used:
https://web.archive.org/web/20230000000000*/https://www.worldometers.info/coronavirus/

Part 4

Anti-flu vaccine Contaminated with the deadly Bird Flu virus

Roadmap
of the Swine Flu Pandemic


Gain-of-Function research on viruses since 1950s ... Rescue of Spanish Flu virus in 2004
Bird Flu Alarm: Manufacture of Bird Flu Vaccines in 2007-2008
Decline of Bird Flu Pandemic Alarm 2007-2008
Spreading Vaccine "contaminated" with Bird Flu virus in January 2009
Lawsuit against Baxter (Austria) 8 April 2009
Swine Flu Epidemic in Mexico mid of April 2009
Swine Flu Pandemic Alarm 25-29 April 2009
Decline of Swine Flu Epidemic in Mexico 3 May 2009
Change of Swine Flu Reporting in the US 4 May 2009
Change of Definition of the Pandemic on the WHO website 4/6 May 2009
Declaration of the Swine Flu Pandemic 11 June 2009
Global Vaccination Project started in Fall 2009
Declaration of a National Emergency in the US 24 October 2009
PACE: Health Committee Denounced 'Unjustified Scare' of Swine Flu Pandemic by WHO 4/24 June 2010
Swine Flu Pandemic is over 10 August 2010

THE GLOBE AND MAIL

Hellen Branswell

'Flu fatigue' sets in among scientists after global spread of virus slows

The Globe and Mail (The Canadian Press), 1 January 2009
https://www.theglobeandmail.com/news/national/flu-fatigue-sets-in-among-scientists-after-global-spread-of-virus-slows/article1145766/

Five years after the avian influenza strain H5N1 started killing poultry and people in Southeast Asia, researchers still don't know what to make of the dangerous and unpredictable virus.

After cutting an ever-widening swath through poultry flocks and infecting - and killing - mounting numbers of people in Asia, the Middle East and Africa, the virus seemed almost to take a breather in 2008. The year that just ended saw fewer recorded human cases than any since 2003, when this cycle of H5N1 activity began. It raises the question: Is H5N1 on the wane?

Sadly, science knows too little about how flu viruses emerge, spread and jump - or don't jump - from one species to the next to answer that question. Given the knowledge gap, scientists are still pushing for pandemic preparedness.

"Whether or not H5N1 virus is going to cause a human pandemic - nobody can predict that," says Tim Uyeki, deputy chief of influenza surveillance and prevention for the U.S. Centers for Disease Control.

"I believe it's still a threat. But it's not the only threat," he adds, noting a two-month-old Chinese girl was hospitalized in Hong Kong last month with an H9N2 avian flu infection.

Whatever the uncertainty about H5N1, one thing is clear. A fog of exhaustion has settled over the influenza science community as well as the public health officials who have been slaving over pandemic plans. A healthy portion of the broader public is probably sick to death of the subject, too.

"I think flu fatigue is certainly a phrase which is thrown around a fair amount in the past several months or past year or so," admits Keiji Fukuda, head of the World Health Organization's global influenza program. "In stepping back after going through three or four years of working really hard, I think that there is a genuine sense of 'Wow! We have been pushing so hard and we are tired of that'."

After a peak of 115 human cases and 79 deaths in nine countries in 2006, human infections declined to 88 cases and 59 deaths in 2007. In 2008, only 40 human cases and 30 deaths were reported, from six countries.

Experts can only guess at why that is. "It could be just a cyclical thing," says Maria Zambon, head of the respiratory viruses unit of Britain's Health Protection Agency. "I would be cautious, I think about ... inferring long-term trends from actually reasonably limited data."

Dr. Fukuda says studies haven't shown that the virus has fundamentally changed, so the best guess is that the reason for the decline in cases probably rests with human behaviour. Efforts to eradicate infected poultry have improved, and countries that use poultry vaccine may be lowering the number of times people come in contact with the viruses as a result.

Dr. Uyeki suggests other possibilities. As the problem has seemed to wane, so has attention on it. That could be translating into more lax surveillance for new cases. Doctors could be less likely to suspect and test for H5N1 infection, attributing illness to myriad other potential causes.

It's clear the threat of a flu pandemic - caused by H5N1 or H9N2 or one of a multitude of other influenza viruses - remains. But it's also clear there are a vast number of other health problems competing for funding in highly challenging economic times.

It is a concern, Dr. Fukuda admits. "If we begin to withdraw our attention and move our attention to something else which is completely different, then we really stand to lose a lot of the work which has been built up over the past four years. To do this over and over again is truly ... it's like being Sisyphus," he says, referring to the Greek myth of a man condemned to a task that can never be completed.

OTS

Kein Vogelgrippefall in Wien

OTS, 11 Februaty 2009
https://www.ots.at/presseaussendung/OTS_20090211_OTS0073/kein-vogelgrippefall-in-wien

Wien (OTS) - Am vergangenen Montag wurden im Wiener Otto-Wagner-Spital 18 Mitarbeiterinnen eines externen Unternehmens ambulant behandelt, da vorerst nicht ausgeschlossen werden konnte, dass sie im Rahmen ihrer Arbeit mit einem Vogelgrippe-Erreger in Kontakt gekommen seien. Bei keinem der umfassenden Tests wurde eine Infektion festgestellt.****

Darüber hinaus wurden die PatientInnen umgehend mit einer Grippe-Vorsorge b71ehandelt. "Weder für die Patientinnen und Patienten noch für Personen, die mit ihnen in Kontakt waren, bestand eine Gefährdung. Selbstverständlich haben wir aber alle zuständigen Behörden informiert", erklärte Dr.in Susanne Drapalik von der Generaldirektion der Spitäler der Stadt Wien. (Schluss) cl

OTS-ORIGINALTEXT PRESSEAUSSENDUNG UNTER AUSSCHLIESSLICHER INHALTLICHER VERANTWORTUNG DES AUSSENDERS | NRK0009

Die Klinik Penzing
Bis 2020 Otto-Wagner-Spital

https://lh3.googleusercontent.com/p/AF1QipMS6nTAi9-8fiKVMFC7tgcUE-ND8q7oGjBufrhL=s1360-w1360-h1020

Novinky.cz

Václav Pergl

Lidé ohrožení ptačí chřipkou z vadné vakcíny jsou v pořádku

Novinky.cz, 17 February 2009, 13:52
https://www.novinky.cz/domaci/clanek/lide-ohrozeni-ptaci-chripkou-z-vadne-vakciny-jsou-v-poradku-40219468

Hlavní hygienik ČR Michael Vít

Všechny osoby, jimž v souvislosti s testováním nové chřipkové vakcíny hrozilo, že se mohly nakazit virem ptačí chřipky, jsou v pořádku. Právu to v úterý potvrdil Hlavní hygienik ČR Michael Vít.

„Dnes už uplynula dvojnásobná doba inkubace pro eventuální nakažení virem ptačí chřipky a nic se nestalo. Lidé jsou v pořádku. Jim ani nikomu jinému žádné nebezpečí nehrozí," řekl Vít.

Reagoval tak na informaci, že agresivní ptačí virus chřipky H5N1 nedopatřením obsahovala vakcína rakouské farmaceutické firmy Baxeter, kterou testovala společnost Biotest v Konárovicích na Kolínsku.

„Testy se prováděly s chřipkovou vakcínou typu H3N2 od 30. ledna. Pokusné fretky začaly mít zdravotní potíže 6. února a některé uhynuly. Tentýž den jsme se o tom dověděli a učinili patřičná opatření," prohlásil Vít.

Zaměstnanci dostali protilátku

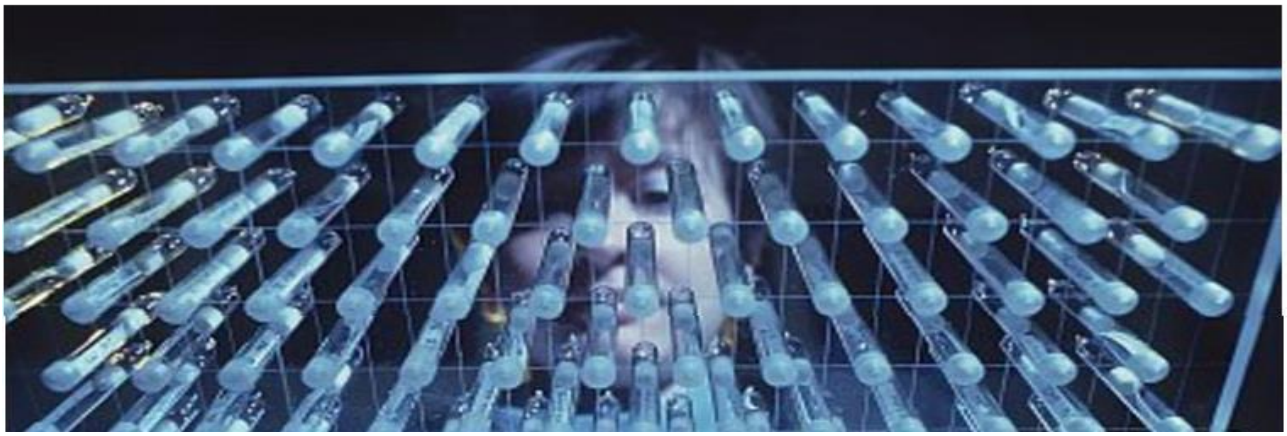
Informoval, že všichni, kdo se dostali do kontaktu s pokusnými zvířaty, nebo se jinak zapojili do pokusu, dostali okamžitě antivirový přípravek Tamiflu. Všichni byli také vyšetřeni nejmodernější molekulární metodou, aby se vyloučila možnost, že se nakazili agresivním virem ptačí chřipky H5N1.

„Nikdo nebyl nakažen," řekl Vít s tím, že hygienici spolupracovali s veterinární správou. Ta podle Víta skutečně odhalila, že zvířata byla nakažena smrtelným virem ptačí chřipky H5N1. „Všechny fretky byly zlikvidovány a farma prošla a prochází rozsáhlou dezinfekcí všech prostor," dodal Vít.

Podle mluvčího Státní veterinární správy Josefa Dubna to ale „žádná legrace nebyla". Firma Baxter přiznala, že chyba se stala už v Rakousku a přes hranice do Čech již putovala nakažená zásilka. Stalo se tak zřejmě při balení.

Пресса

17.02.2009



Пресса

MLAD (радио-Прага), 17 февраля 2009

https://ruski.radio.cz/pressa-8587395
https://web.archive.org/web/20090314043654/http://www.eu-dom.cz/world-news-426642dd.html

Слабые места закона о тестировании выявила нелицеприятная история с продукцией австрийской фармацевтической фирмы Baxter, производящей вакцину.

С конца января вакцину тестировало на хорьках общество Biotest в Конаровицах Колинской области. Исследование было разрешено министерством промышленности и торговли.

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Препарат, однако, содержал и смертельно опасный вирус птичьего гриппа H5N1, который, видимо, попал в посылку во время упаковки. Австрийцы выяснили это спустя неделю после начала тестирования, уточняет ежедневник MLADÁ FRONTA DNES. Оказалось, поздно. Хорьки погибали один за другим.

Тестирование, по словам главного санврача Чехии Михаела Вита, 6 февраля остановили. Управление ветеринарного надзора констатировало: зверьки заразились вирусом птичьего гриппа. Тринадцать работников, тестировавших злополучную вакцину, немедленно начали принимать Tamiflu и прошли обследование.

К счастью, пока все в порядке. Инкубационный период завершился, оставив за собой вопрос, в достаточной ли мере охраняет законодательная норма тех, кто подвергается смертельному риску?

Česká televize
ČT 24

Smrtící virus ptačí chřipky dorazil do ČR ve vakcíně

CT24, 18 February 2009
https://ct24.ceskatelevize.cz/domaci/1420633-smrtici-virus-ptaci-chripky-dorazil-do-cr-ve-vakcine

Konárovice (Kolínsko) - Smrtelný virus ptačí chřipky H5N1 se dostal do Česka. Společnost Biotest testovala vakcínu rakouské firmy Baxter, látka však nedopatřením obsahovala zmíněný virus. Rakouská firma to odhalila až týden po zahájení testů. Po kontaktu s nakaženými pokusnými fretkami se do přímého ohrožení života dostalo 13 lidí. Nikdo z nich se ptačí chřipkou nenakazil.

Smrtící virus ptačí chřipky dorazil do ČR ve vakcíně
Autor: ČT24; Zdroj: ČT24

„Dnes už uplynula dvojnásobná doba inkubace pro eventuální nakažení virem ptačí chřipky a nic se nestalo. Lidé jsou v pořádku. Jim ani nikomu jinému žádné nebezpečí nehrozí," řekl hlavní hygienik ČR Michael Vít s tím, že všichni ihned dostali lék Tamiflu a prošli řadou testů novou molekulární metodou.

Testy s chřipkovou vakcínou se podle Víta prováděly v Konárovicích od konce ledna. Po týdnu ale začaly pokusné fretky hynout a Rakušané vzápětí informovali o přítomnosti smrtícího viru ve vakcíně. Firma Baxter přiznala svou chybu. „K té chybě došlo u nás. Došlo k záměně chřipkového virotika u jednotlivých druhů vakcín, po celou tu dobu nebylo riziko vyšší, než je u běžných vakcín," vyjádřil se pro ČT mediální zástupce firmy Baxter v ČR Václav Pavelka.

Veterináři a hygienici se shodují na alarmující povaze celé události. Hlavní hygienik se pod tíhou celé události nechal slyšet, že bude usilovat o změnu legislativy, aby testování vakcín při pokusech na zvířatech schvalovalo v budoucnu pouze ministerstvo zdravotnictví.

autor: ČT24,
zdroj: ČT24

Bloomberg

Cortez MF, Gale J.

Baxter Sent Bird Flu Virus to European Labs by Error

Bloomberg, 24 February 2009, 16:20 EST
https://web.archive.org/web/20110715234330/http://www.bloomberg.com/apps/news?pid=newsarchive&sid=aTo3LbhcA75I

Feb. 24 (Bloomberg) - Baxter International Inc. in Austria unintentionally contaminated samples with the bird flu virus that were used in laboratories in three neighboring countries, raising concern about the potential spread of the deadly disease.

The contamination was discovered when ferrets at a laboratory in the Czech Republic died after being inoculated with vaccine made from the samples early this month. The material came from Deerfield, Illinois-based Baxter, which reported the incident to the Austrian Ministry of Health, Sigrid Rosenberger, a ministry spokeswoman, said today in a telephone interview.

“This was infected with a bird flu virus,” Rosenberger said. “There were some people from the company who handled it.”

The material was intended for use in laboratories, and none of the lab workers have fallen ill. The incident is drawing scrutiny over the safety of research using the H5N1 bird flu strain that’s killed more than three-fifths of the people known to have caught the bug worldwide. Some scientists say the 1977 Russian flu, the most recent global outbreak, began when a virus escaped from a laboratory.

The virus material was supposed to contain a seasonal flu virus and was contaminated after “human error,” said Christopher Bona, a spokesman for Baxter, in a telephone interview.

‘Sanitized’

Baxter “moved very quickly to sanitize and protect employees,” Bona said. “Labs have been sanitized, potentially contaminated materials have been destroyed and employees were tested and considered not to be at risk.”

Baxter gained 93 cents, or 1.6 percent, to $58.27 at 4 p.m. in New York Stock Exchange composite trading, and has lost 2.3 percent over the last 12 months.

The Austrian health ministry reported the incident to the European Union and is conducting its own audit, Rosenberger said. In response, Baxter said it has put in place “preventive and corrective” measures that the ministry found satisfactory. The vaccine has been destroyed, according to Rosenberger.

The World Health Organization “is aware of the situation and is consulting with the ministers of health of the countries involved to ensure that all public risks arising from this event have been identified and managed appropriately,” said Gregory Hartl, a spokesman in Geneva.

European Agencies

The European Medicines Agency has no immediate comment, said Monika Benstetter, an agency spokeswoman. The U.S. Centers for Disease Control and Prevention, which distributes seasonal flu viruses to companies for vaccine manufacturing, isn't investigating or providing consultation, said Tom Skinner, a spokesman for the Atlanta-based agency. The CDC is staying in touch with the European Centre for Disease Prevention and Control regarding the incident, Skinner said.

The H5N1 strain of avian flu has been monitored by health officials around the world for more than a decade for signs it could mutate into a form that is easily spread among humans. Currently, it passes mainly among infected poultry.

A flu pandemic of avian or other origin could kill more than 70 million people worldwide and lead to a "major global recession" costing more than $3 trillion, according to a worst- case scenario outlined by the World Bank in October.

H5N1 has infected at least 408 people in 15 countries since 2003, killing 63 percent of them, according to the Web site of the Geneva-based WHO.

Flu Pandemic

BioTest s.r.o, a Czech biotechnology company, was conducting research for a company called AVIR Green Hills Biotechnology using materials supplied by Baxter. The company was "supposed to get non-infected testing vaccine, which was by mistake of the supplier contaminated with the H5N1 virus," BioTest said in a statement last week.

AVIR Green Hills monitored its lab workers for signs of illness and got access to Roche Holding AG's Tamiflu antiviral in case of infections, said Birgit Kofler-Bettschart, a spokeswoman for the closely held, Vienna-based company. AVIR Green Hills sanitized its laboratories, destroyed potentially contaminated samples, and told health officials, she said in an e-mail today.

Three influenza pandemics, including the 1918 Spanish flu that killed more than 50 million people, have occurred since 1900.

Threats

Another three pandemic threats -- situations where a global epidemic is close to occurring - have occurred. One was the Russian flu of 1977.

The H5N1 virus, "even if it were let out of the lab, would be only lethal for birds in its present state," said Ilaria Capua, a veterinary virologist, whose laboratory in Padova, Italy, handles some of the avian-flu screening for the World Organization for Animal Health. Capua said she has no knowledge of the situation. "In Europe, we can react fast" to outbreaks of the disease in animals, she said.

Baxter, the world's largest maker of blood-disease treatments, is one of the companies working on a vaccine to be used in case of a flu pandemic. The European Medicines Agency recommended approval of Baxter's Celvapan, the first cell culture-based vaccine for bird flu in Europe, in December.

THE CANADIAN PRESS

Medical Reporter (Helen Branswell)

Officials investigate how bird flu viruses were sent to unsuspecting labs

The Canadian Press, 25 February 2009, before 9:23 AM
https://afludiary.blogspot.com/2009/02/more-on-baxter-vaccine-story.html

Officials are trying to get to the bottom of how vaccine manufacturer Baxter International Inc. made "experimental virus material" based on a human flu strain but contaminated with the H5N1 avian flu virus and then distributed it to an Austrian company.

That company, Avir Green Hills Biotechnology, then disseminated the supposed H3N2 virus product to subcontractors in the Czech Republic, Slovenia and Germany. Authorities in the four European countries are looking into the incident, and their efforts are being closely watched by the World Health Organization and the European Centre for Disease Control.

Though it appears none of the 36 or 37 people who were exposed to the contaminated product became infected, the incident is being described as "a serious error" on the part of Baxter, which is on the brink of securing a European licence for an H5N1 vaccine. That vaccine is made at a different facility, in the Czech Republic.

"For this particular incident ... the horse did not get out (of the barn)," Dr. Angus Nicoll of the ECDC said from Stockholm.

"But that doesn't mean that we and WHO and the European Commission and the others aren't taking it as seriously as you would any laboratory accident with dangerous pathogens – which you have here."

Accidental release of a mixture of live H5N1 and H3N2 viruses – if that indeed happened – could have resulted in dire consequences. Nicoll said officials still aren't 100 per cent sure the mixture contained live H5N1 viruses. But given that ferrets exposed to the mixture died, it likely did.

H5N1 doesn't easily infect people, but H3N2 viruses do. They are one of two types of influenza A viruses that infect people each flu season.

If someone exposed to the mixture had been co-infected with H5N1 and H3N2, the person could have served as an incubator for a hybrid virus able to transmit easily to and among people. That mixing process, called reassortment, is one of two ways pandemic viruses are created.

Research published last summer by scientists at the U.S. Centers for Disease Control found that in the laboratory, H5N1 and H3N2 viruses mated readily. While less virulent than H5N1, a number of the offspring viruses appeared to retain at least a portion of the killing power of their dangerous parent.

Baxter International, which is based in Deerfield, Ill., said the contamination was the result of an error in its research facility in Orth-Donau, Austria.

The facility had been contracted by Avir Green Hills to make what Baxter refers to as "experimental virus material" based on human H3N2 viruses.

Christopher Bona, Baxter's director of global bioscience communications, said the liquid virus product was not a vaccine and was developed for testing purposes only. He deferred questions about the purpose of the testing to Avir Green Hills, but said the batch was to be used in animals and was never intended for use in humans.

Avir Green Hills said in an email that it took possession of the material in late December. It later sent the product to the sub-contractors. The email said the material was stored and handled throughout under high biosafety conditions.

Alarm bells rang in early February when researchers at the Czech sub-contractor inoculated ferrets with the material and the animals promptly died. Baxter learned about the problem on Feb. 6, Bona said from Deerfield.

Ferrets are susceptible to human flu strains, but they don't die from those infections. Preliminary investigation found the material was contaminated with H5N1 flu virus, which is lethal to ferrets.

Nicoll said the fact the ferrets died supports the working assumption that there were live H5N1 viruses in the material Baxter produced.

Bona said Baxter has identified how the contamination happened and has taken steps to ensure it doesn't happen again. He said Austrian authorities audited Baxter's Orth-Donau research operations after the problem came to light and are satisfied with the steps taken.

Baxter is the only flu vaccine manufacturer to work with wild type flu viruses, felt to be more dangerous than the altered and attenuated (weakened) viruses other manufacturers use.

The company uses what is known as BSL3 level precautions in all its vaccine research facilities, Bona said. (Researchers at the U.S. CDC use BSL3-plus biocontainment when working with H5N1 viruses, a spokesperson for the agency said.)

People familiar with biosecurity rules are dismayed by evidence that human H3N2 and avian H5N1 viruses have somehow co-mingled in the Baxter research facility. That should not be allowed to happen, a number of experts insisted.

The company isn't shedding much light on how it did.

"It was a combination of just the process itself, (and) technical and human error in this procedure," Bona said. When asked to elaborate, he said to do so would give away proprietary information about Baxter's production process.

Bona said when Baxter realized its error, it helped the various companies destroy the contaminated material and clean up their facilities. And staff who had been exposed to the contaminated product were assessed and monitored by infectious diseases doctors. They were also offered the antiviral drug oseltamivir (Tamiflu).

Baxter's error is reminiscent of a 2005 incident where a U.S. manufacturer of kits used by laboratories to test their detection capabilities included vials of H2N2 virus in several thousand proficiency kits. H2N2, the virus that caused the 1957 pandemic, has not circulated since 1968 and is thought to be a prime candidate to cause the next pandemic.

That mistake, discovered by Canada's National Microbiology Laboratory, set authorities around the world scrambling to retrieve and destroy the vials of virus, which had been sent to labs in 18 countries.

THE CANADIAN PRESS

[Hellen Branswell]

Baxter admits contaminated seasonal flu product contained live bird flu virus

The Canadian Press, 26 February 2009
https://web.archive.org/web/20090304160508/http://www.google.com/hostednews/canadianpress/article/ALeqM5iV_RT6oBK3tOhtsWf5pnu5OIby9w

The company that released contaminated flu virus material from a plant in Austria confirmed Friday that the experimental product contained live H5N1 avian flu viruses.

And an official of the World Health Organization's European operation said the body is closely monitoring the investigation into the events that took place at Baxter International's research facility in Orth-Donau, Austria.

"At this juncture we are confident in saying that public health and occupational risk is minimal at present," medical officer Roberta Andraghetti said from Copenhagen, Denmark.

"But what remains unanswered are the circumstances surrounding the incident in the Baxter facility in Orth-Donau."

The contaminated product, a mix of H3N2 seasonal flu viruses and unlabelled H5N1 viruses, was supplied to an Austrian research company. The Austrian firm, Avir Green Hills Biotechnology, then sent portions of it to sub-contractors in the Czech Republic, Slovenia and Germany.

The contamination incident, which is being investigated by the four European countries, came to light when the subcontractor in the Czech Republic inoculated ferrets with the product and they died. Ferrets shouldn't die from exposure to human H3N2 flu viruses.

Public health authorities concerned about what has been described as a "serious error" on Baxter's part have assumed the death of the ferrets meant the H5N1 virus in the product was live. But the company, Baxter International Inc., has been parsimonious about the amount of information it has released about the event.

On Friday, the company's director of global bioscience communications confirmed what scientists have suspected.

"It was live," Christopher Bona said in an email.

The contaminated product, which Baxter calls "experimental virus material," was made at the Orth-Donau research facility. Baxter makes its flu vaccine -- including a human H5N1 vaccine for which a licence is expected shortly – at a facility in the Czech Republic.

People familiar with biosecurity rules are dismayed by evidence that human H3N2 and avian H5N1 viruses somehow co-mingled in the Orth-Donau facility. That is a dangerous practice that should not be allowed to happen, a number of experts insisted.

Accidental release of a mixture of live H5N1 and H3N2 viruses could have resulted in dire consequences.

While H5N1 doesn't easily infect people, H3N2 viruses do. If someone exposed to a mixture of the two had been simultaneously infected with both strains, he or she could have served as an incubator for a hybrid virus able to transmit easily to and among people.

That mixing process, called reassortment, is one of two ways pandemic viruses are created.

There is no suggestion that happened because of this accident, however.

"We have no evidence of any reassortment, that any reassortment may have occurred," said Andraghetti.

"And we have no evidence of any increased transmissibility of the viruses that were involved in the experiment with the ferrets in the Czech Republic."

Baxter hasn't shed much light – at least not publicly – on how the accident happened. Earlier this week Bona called the mistake the result of a combination of "just the process itself, (and) technical and human error in this procedure."

He said he couldn't reveal more information because it would give away proprietary information about Baxter's production process.

Andraghetti said Friday the four investigating governments are co-operating closely with the WHO and the European Centre for Disease Control in Stockholm, Sweden.

"We are in very close contact with Austrian authorities to understand what the circumstances of the incident in their laboratory were," she said.

"And the reason for us wishing to know what has happened is to prevent similar events in the future and to share lessons that can be learned from this event with others to prevent similar events. ... This is very important."

CIDRAP

Baxter samples combined live H5N1 with H3N2

News Scan: Avian flu, tainted Baxter samples,
HHS secretary nomination, H5N1 vaccines, polio warning

CIDAR, 2 March 2009
https://www.cidrap.umn.edu/avian-influenza-bird-flu/news-scan-avian-flu-tainted-baxter-samples-hhs-secretary-nomination-h5n1

The H5N1-contaminated virus samples that were sent from a Baxter facility in Orth-Donau, Austria, contained a live version of the H5N1 avian influenza virus mixed with human H3N2 seasonal influenza virus, according to a Feb 27 report from the Canadian Press (CP) that cited an official from Baxter. The company said it supplied the "experimental virus material" to an Austrian research company, which then shipped it to subcontractors in the Czech Republic, Germany, and Slovenia, the CP report said. A WHO official in Europe told the CP that authorities are trying to determine what went wrong at Baxter's facility and that the public health risks from the incident are currently minimal.

Ref.:
Baxter admits flu product contained live bird flu virus. – CTV.ca, 27 February 2009;
https://web.archive.org/web/20090312034332/https://www.ctv.ca/servlet/ArticleNews/story/CTVNews/20090227/Bird_Flu_090227

iDNES.cz / ZPRAVODAJSTVÍ Domácí Zahraničí Krimi Kraje Volby Ekonomika Kultura Finance Revue

Bohdana Jarošová

Rakouská ptačí chřipka šla do Česka i Německa

iDNEZ.cz, 4. března 2009, 4:54
https://www.idnes.cz/zpravy/domaci/rakouska-ptaci-chripka-sla-do-ceska-i-nemecka.A090303_214331_domaci_abr

Smrtící virus ptačí chřipky se nekontrolovaně ocitl najednou na několika místech v Evropě. Podle zjištění MF DNES testovali lidé z rakouské pobočky mezinárodní farmaceutické společnosti Baxter "kontaminovanou vakcínu" nejen v české laboratoři v Konárovicích na Kolínsku, ale i ve dvou sousedních zemích.

"Vakcína nakažená ptačí chřipkou se testovala v samotném Rakousku, České republice, Německu a ve Slovinsku. A všude se tento problém vyskytl," říká hlavní hygienik a náměstek ministryně zdravotnictví Michael Vít.

V žádné z laboratoří o tom neměli ani tušení. Poslední lednový den poslali farmaceuti z Rakouska nedopatřením do čtyř laboratoří na výzkum virus, který je pro svoji nebezpečnost zapsán do seznamu možných biologických zbraní. - čtěte Do Česka se dostala vakcína nakažená smrtelným virem ptačí chřipky

Teď už českou laboratoř stíhá první instituce – Státní úřad pro jadernou bezpečnost.

Úřad, který má na starosti biologickou bezpečnost, totiž nikdo z rakouské ani české strany neinformoval. Sama farmaceutická společnost Baxter se o nakažené zásilce dozvěděla až o šest dní později, kdy se fretky, na kterých se látka testovala, začaly chovat nenormálně.

"Máme za to, že došlo k porušení oznamovací povinnosti. Přitom virus ptačí chřipky H5N1 patří na seznam nebezpečných látek," míní Dana Drábová, předsedkyně Státního úřadu pro jadernou bezpečnost.

S konárovickou firmou Biotest, která kontaminovanou zásilku testovala, proto v nejbližších dnech zahájí správní řízení. "Jestli se vina prokáže, hrozí pokuta, která může v extrémním případě dosáhnout až pěti milionů korun," dodává Drábová.

Už týdny jsou kvůli nakažené zásilce na nohou hygienici, veterináři i státní ústav pro kontrolu léčiv. V rakouské pobočce začali pracovat také kontroloři Evropské agentury pro léčivé přípravky.

I když se společnost dušuje, že nic podobného se stát už nemůže, lze očekávat další sankce. "Případ ještě není uzavřen," upozorňuje Josef Duben ze Státní veterinární správy.

"Už to nikdy neuděláme"

Společnost Baxter však vyvrací, že by šlo o testování chřipkové vakcíny pro lidi. "Naše firma poslala do české společnosti Biotest na výzkum čistý virus běžné chřipky a záměnou se stalo, že poslala virus ptačí chřipky. Šlo o záměnu testovacího materiálu," říká zástupce rakouské pobočky společnosti Baxter Richard Tischler.

Podle něj bylo riziko, že se ptačí chřipka dostane z laboratoří ven, velmi nízké. "Postup, který byl použit k výrobě výzkumného materiálu, se už nikdy opakovat nebude," podotýká Tischler.

Všechny čtyři testovací laboratoře byly vyčištěny, pracovníci, kteří s virem pracovali, dostali lék tamiflu a jsou nadále pod lékařským dohledem. "Žádný z českých pracovníků nakažený nebyl," říká Vít.

ČESKÉ noviny.cz
ZPRAVODAJSKÝ SERVER ČTK

Kontaminovaná vakcína se testovala nejen v ČR

České Noviny, 4 March 2009

https://web.archive.org/web/20100118072654/http://www.ceskenoviny.cz/zpravy/kontaminovana-vakcina-se-testovala-nejen-v-cr/363674

Praha - Testovací materiál, který zkoumala společnost BioTest a který byl kontaminován virem ptačí chřipky H5N1, údajně testovali lidé z rakouské pobočky farmaceutické firmy Baxter nejen v Česku, ale i v jiných evropských zemích. Uvádí to dnešní Mladá fronta Dnes (MfD). Již dříve napsala, že virus H5N1 nedopatřením obsahoval výzkumný materiál firmy Baxter, kterou BioTest testoval v Konárovicích na Kolínsku.

"Vakcína nakažená ptačí chřipkou se testovala v samotném Rakousku, České republice, Německu a ve Slovinsku. A všude se tento problém vyskytl," řekl MfD hlavní hygienik ČR Michael Vít. V žádné z laboratoří o tom podle deníku neměli tušení.

Zástupce firmy Baxter Richard Tischler v prohlášení pro ČTK zdůraznil, že materiál byl vyroben výhradně pro výzkum, nikoli pro výrobu produktů nebo pro jakékoli použití u lidí. Testovací látku podle Tischlera neposílala do BioTestu ale firma Baxter, nýbrž rakouská společnost AVIR Greenhills, která si laboratoř BioTestu najala.

"Ke kontaminaci došlo jen během procesu pro tento konkrétní výzkumný projekt pro AVIR Greenhills v laboratoři firmy Baxter. A tento konkrétní proces se již nebude opakovat," uvedl Tischler s tím, že rakouské orgány pro ochranu veřejného zdraví vyhodnotili nápravná a preventivní opatření firmy Baxter jako odpovídající.

Lidé podle Tischlera pracovali s experimentálním materiálem v izolovaných laboratorních podmínkách. Také zástupci firmy BioTest před časem ČTK sdělili, že "projekt standardně probíhal v zabezpečených laboratorních prostorách s použitím příslušných ochranných pomůcek pracovníků a za standardního dodržení bezpečnostních podmínek". Při tomto výzkumu nebyl nikdo z jejích pracovníků nakažen.

Podle MfD farmaceuti z Rakouska poslali koncem ledna nedopatřením do čtyř laboratoří na výzkum virus, který je pro svou nebezpečnost zaznamenán do seznamu možných biologických zbraní. "Máme za to, že došlo k porušení oznamovací povinnosti. Přitom virus ptačí chřipky H5N1 patří na seznam nebezpečných látek," řekla MfD předsedkyně Státního úřadu pro jadernou bezpečnost Dana Drábová. S firmou Biotest proto v nejbližších dnech podle MfD zahájí správní řízení.

"Jestli se vina prokáže, hrozí pokuta, která může v extrémním případě dosáhnout až pěti milionů korun," uvedla Drábová.

V rakouské pobočce začali podle MfD pracovat kontroloři Evropské agentury pro léčivé přípravky.

Зарубежное эпидобозрение – утечка высоко-патогенного вируса H5N1 – Австрия

ProMED.mail, 4 March 2009

https://web.archive.org/web/20090311091312/http://www.promedmail.org/pls/otn/f?p=2400:1001:3228174415363067::NO::F2400_P1001_BACK_PAGE,F2400_P1001_PUB_MAIL_ID:1090,76407

http://chealth.canoe.ca/channel_health_news_details.asp?news_id=27436&news;_channel_id=1020&channel;_id=1020

Перевод с англ. Промед - Оригинал – см:

Mary Marshall, A ProMED-mail post; ProMED.mail, 26 February 2009

https://www.indybay.org/newsitems/2009/11/18/18629109.php

Официальные лица пытаются добраться до сути вопроса, а именно как производитель вакцин Baxter International Inc разработал "экспериментальный вирусный материал", основанный на штамме человеческого гриппа, но загрязненный вирусом птичьего гриппа, и в последующем, распространенного через Австрийскую компанию. Эта компания, Avir Green Hills Biotechnology, в свою очередь распространила предполагаемый вирус H3N2 субконтрактерам в Чехии, Словении и Германии. В настоящее время, этот вопрос исследуется 4-мя Европейскими странами под наблюдением ВОЗ и Европейским Центром по контролю заболеваний (ЕЦКЗ).

Хотя никто из 36 или 37 человек, которые имели контакт с биоматериалом не инфицировались, инцидент рассматривается как серьезная ошибка компании Baxter, которая является одной из ключевых сторон по гарантии Европейской лицензии по вакцине H5N1. Эта вакцина производится в другой компании в Чехии.

Согласно Др. Ангус Николь, ЕЦКЗ: "Случайное освобождение комбинации живых вирусов H5N1 и H3N2 - если бы это действительно произошло, могло бы привести к страшным последствиям. Хотя официальные лица не до конца уверены, что эта смесь содержала живые вирусы H5N1, но учитывая смерть хорьков, можно предположить, что они были живые.

В отличие от вируса H3N2, вирус H5N1 не способен легко инфицировать человека. Оба вируса относятся к вирусам типа А, которые ежегодно поражают людей в сезон гриппа. Если кто-то заразится этой комбинацией вирусов, то этот человек будет служить инкубатором для гибридного вируса, которым можно будет легко заразить других людей. Эта рекомбинация может привести к пандемическому вирусу.

Согласно исследованиям ученых из Центра по контролю заболеваний США, в лабораторных условиях эти 2 вируса легко сцепляются. Хотя и менее вирулентные чем H5N1, часть вирусов, появившихся в результате сцепления могут быть достаточно опасными.

Baxter International, компания находящаяся в Иллинойсе, утверждает, что это произошло в результате ошибки ее научного отдела, который находится в Австрии. Этот отдел по контракту от компании Avir Green Hills должен был произвести "экспериментальный вирусный материал" на основе человеческого вируса H3N2. Со слов Кристофера Бона, директора Baxter по глобаль-

ным коммуникациям, жидкий вирусный продукт не является вакциной, а лишь экспериментальным материалом для использования на животных.

Сигнал тревоги впервые был получен в феврале 2009, когда суб-контракторы в Чехии сделали прививку этим биоматериалом хорькам, которые очень быстро скончались, хотя они не должны умирать от вируса человеческого гриппа. Предварительное исследование показало, что биоматериал был загрязнен вирусом H5N1, который летален для хорьков. Согласно Бону, Baxter определил, что произошла контаминация и принял соответствующие меры.

Baxter единственный производитель вакцин, который работает с "дикими" видами вируса гриппа и придерживается стандартов уровня биобезопасности BSL3. Те кто знаком с этим уровнем биобезопасности в ужасе от факта, что в научной лаборатории Baxter могло произойти смешивание этих двух вирусов по какой-то случайности. Компания не объясняет ясно как могла произойти такая ошибка. Baxter помог всем вовлеченным компаниям уничтожить загрязненный биоматериал, а людям, которые имели контакт с биоматериалом, был назначен Тамифлю и они находятся под наблюдением.

******

[2] Дата: 26 февраля 2009
От: Кристофера Бона <christopher_bona@baxter.com>

От имени Baxter

Я хочу предоставить следующую информацию в ответ на публикацию в Промед от 25 февраля 2009 года (Avian
influenza, accidental distribution - Czech Rep. ex Austria: RFI).

Штамм вируса H5N1 strain был штаммом типа A/Vietnam/1203/2004, полученного из референс-центра ВОЗ. Вся информация, касающаяся этого инцидента была передана местным официальным лица и таким международным организациям как ВОЗ и Европейский ЦКЗ.

Кристофер Бона,
Директор по Глобальным био-научным коммуникациям
Baxter International Inc.
< christopher_bona@baxter.com>

[ProMED выражает благодарность за предоставление уточнения штамма вируса. - Mod.CP]

[Модератор HP. Команда Промед приносит извинения читателям, так как вчера в рассылке была отправлена непроверенная информация, переданная российским агентством ИТАР-ТАСС и переданная по ТВ телеканалом "Вести". В этой информации допущена неточность и биоматериал назван вакциной. Комментарий, данный к сообщению не отражает точку зрения команды Промед, а отражает точку зрения отдельного специалиста]

LIVEJOURNAL FIND MORE SHOP HELP

Сергій Дібров

Хроника "Бакстериологической диверсии"

Livejournal, 5 марта 2009
https://galimsky.livejournal.com/275312.html?
https://web.archive.org/web/20090310022920/http://infoporn.org.ua/2009/03/05/hronyka_baksteryologycheskoyi_dyversyy

Все началось с того, что месяц назад в лаборатории Biotest неподалеку от Праги сдохли подопытные хомячки, а в австрийской «Avir Green Hills» – хорьки. Следом поступили сигналы из Германии и Словении: в разных частях Европы лабораторные животные, которым вводили присланный обычной почтовой бандеролью экспериментальный биопрепарат, очень быстро и дружно умирали. Казалось бы, ничего особенного. Подопытные животные отдают свои жизни для того, чтобы двигать вперед науку и спасать жизнь людей. Но в данном случае явно что-то не заладилось: все сотрудники лабораторий, контактировавшие со зверьками, были немедленно изолированы, помещены в карантин и пролечены самыми современными препаратами. Всего под пристальным наблюдением медиков оказалось около сорока человек по всей Европе. И что самое страшное: в организмах умерших животных был обнаружен смертельно опасный для людей штамм вируса птичьего гриппа H5N1.

Представители американской фармацевтической фирмы «Бакстер» (Baxter International Inc.), которая рассылала смертоносное вещество своим европейским партнерам, сначала отвергали все претензии. По их словам, в препаратах, которые вводились животным в лабораториях из европейских партнеров, вирус птичьего гриппа не содержался.

После того, как в дело вмешались австрийские власти, выяснилось, что на самом деле все гораздо хуже. В присланном из-за океана обычной почтовой бандеролью препарате содержалась смесь вирусов птичьего гриппа H5N1 и обычного, «человеческого» H3N2.

Соединение вируса H5N1 с «человеческим» – этот ночной кошмар вот уже несколько лет преследует эпидемиологов всего мира. Если вдруг в результате мутаций появится такой гибрид, то он будет распространяться со скоростью обычной эпидемии гриппа, и при этом большинство заболевших ожидает смерть. Животные, которым ввели смесь вирусов двух типов, по сути превращаются в «инкубатор» для выведения гибридов. Действенного лечения птичьего гриппа не существует, поэтому эксперты в таком случае предсказывают конец цивилизации: в считанные дни обезлюдеют целые континенты, а немногие оставшиеся в живых вернутся в каменный век.

Только после этого представители фирмы «Бакстер» признали тот факт, что в рассылаемом ими веществе находились возбудители «обычного» гриппа, якобы случайно загрязненного вирусом гриппа птичьего при упаковке. При этом они до сих пор пытаются доказать, что препарат не содержал живых вирусов, хотя независимые эксперты не сомневаются в обратном.

К сожалению, пояснения Baxter International вызывают все новые и новые вопросы. В своих запоздалых «отмазках» представители фирмы особо настаивают на двух обстоятельствах.

Во-первых, они утверждают, что присланный препарат является не вакциной, а «экспериментальным вирусным материалом». Увы: это заявление выглядит весьма и весьма сомнительным.

Как сообщает «Радио Прага», исследования в лаборатории Biotest проводились по согласованию с чешскими властями. Естественно, в государственные инстанции подавалась информация о проводимых исследованиях. И «Радио Прага», и главный санитарный врач Чехии недвусмысленно говорят, что животным вводилась именно вакцина. Отсюда можно сделать вывод: даже если это и был «экспериментальный вирусный материал», то в Чехию он ввозился под видом вакцины, то есть подлог налицо.

Во-вторых, в такой ситуации трудно объяснить реакцию работников лабораторий. Смерть животных явно была для них полной неожиданностью, то есть «экспериментальный вирусный материал» не должен был вызывать настолько тяжелого ухудшения их здоровья. Даже если предположить, что хомячков заражали относительно безопасным для них «человеческим» штаммом H3N2, все равно должны были соблюдаться меры предосторожности: именно этот штамм сейчас «гуляет» по Европе, вызывая сезонную вспышку гриппа. В сложившейся ситуации очевидно: предполагалось, что «экспериментальный вирусный препарат» абсолютно безопасен для людей и несмертелен для животных. Напомню, что классические «живые» вакцины содержат возбудителей, ослабленных до такой степени, что не могут передаваться от привитого к непривитым.

Наконец, возникает закономерный вопрос: а какие именно эксперименты пришлось проводить одновременно в лабораториях подрядчиков нескольких стран мира? Напомню: в прошлом году фирма «Бакстер» начала испытывать вакцину от птичьего гриппа. Ею были привиты студенты в Каунасе и добровольцы в Австрии и Индонезии, результаты позитивные. Самое время начать процесс регистрации вакцины в тех странах, где запланированы продажи. Кстати, чешский Biotest как раз специализируется на доклинических испытаниях и исследованиях. Кроме того, в Чехии не сомневаются, что и в других странах также происходили испытания вакцины.

Ответ на этот вопрос могли бы дать представители Всемирной организации здравоохранения (ВОЗ), которые находятся в тесном контакте с «Баксером» по этой проблеме. К сожалению, за две недели нарастающего скандала самая авторитетная медицинская организация не сочла нужным опубликовать хоть какой-то комментарий по данному вопросу. Из уст ВОЗовских экспертов звучит невнятное бормотание о том, что расследование этого вопроса может создать угрозу интересам компании «Бакстер». И это при том, что смертельно опасный штамм вируса был передан американской компании из архива ВОЗ, и, по заявлению фирмы, этой организации была передана полная информация о данном инциденте.

Нет никаких сомнений, что коммерческие интересы американской фармацевтической компании для Всемирной организации здравоохранения гораздо важнее, чем жизнь и здоровье сотрудников лабораторий, не предупрежденных об опасности, работников почты, обрабатывающих немаркированные посылки со смертельно опасным возбудителем, и даже чем угроза пандемии, способной в считанные дни уничтожить человечество.

Также представители «Бакстер» настаивают, что смешение двух штаммов произошло случайно, как разовое трагическое стечение обстоятельств. Опрошенные мною эксперты разошлись во мнениях. Одни утверждают, что в вирусологии возможны и не такие случайные события, и придерживаются мнения, что произошедшее – действительно случайность. Другие говорят, что возможность заражения биопрепарата особо опасным возбудителем исключается в принципе, еще на этапе проектирования лаборатории и планирования процессов. Они в принципе допускают загрязнение «человеческим» вирусом, например, от больного сотрудника. Но неумышленное загрязнение высокопатогенным штаммом, находящимся в пробирке под строгим контролем, они исключают полностью.

По словам представителей фирмы, загрязнение произошло при отгрузке. К сожалению, такое заявление не вызывает доверия. Да, я могу представить, что грузчики Мухосранского мясокомбината перепутали этикетки и запачкали сосиски грязными сапогами. Но австрийская

лаборатория, где якобы произошло то событие, сертифицирована по самому высокому уроню безопасности BSL3. И чем выше этот уровень, тем меньше шансов остается версии о «случайности», тем больше возникает подозрений в преднамеренности таких действий.

Скандал, который за два последних дня вызвал падение акций компании Baxter Intnational на 8%, продолжается. Немецкая пресса анонсировало расследование по вопросам биологической безопасности при проведении лабораторных исследований, итоги которого будут опубликованы в понедельник, 9 марта. Кроме того, по всей видимости, нас ждут новые шокирующие обстоятельства. Напомню: первоначально сообщалось о том, что «экспериментальные вирусные материалы» отправлялись в лаборатории трех стран: Чехии, Австрии и Словении. Позже к им добавилась Германия. Канадская пресса заявляет, что образцы отправлялись в лаборатории 18 государств, список которых пока неизвестен. Это полностью соответствует версии о том, что проводились доклинические испытания вакцины для ее последующей регистрации в различны странах. Так, Компания «Бакстер» анонсировала свои намерения зарегистрировать вакцину от птичьего гриппа в Российской Федерации. Если в числе этих 18 стран есть и российские лаборатории, это может объяснить ту «молчанку», которую объявили данной теме российские СМИ. Один только телеканал «Вести» уделил скандалу несколько десятков секунд в сводке новостей.

…

PreventDISEASE.com
Aiming Towards Better Health

Baxter Caught Shipping Vaccines with Live Avian Flu Virus to 18 Countries Worldwide

Prevent Disease, 11 March 2009
https://web.archive.org/web/20090329061003/http://preventdisease.com/news/09/031109_baxter.shtml

Czech newspapers are questioning if the shocking discovery of vaccines contaminated with the deadly avian flu virus which were distributed to 18 countries by the American company Baxter were part of a conspiracy to provoke a pandemic.

The claim holds weight because, according to the very laboratory protocols that are routine for vaccine makers, mixing a live virus biological weapon with vaccine material by accident is virtually impossible.

"The company that released contaminated flu virus material from a plant in Austria confirmed Friday that the experimental product contained live H5N1 avian flu viruses," reports the Canadian Press.

Baxter flu vaccines contaminated with H5N1 - otherwise known as the human form of avian flu, one of the most deadly biological weapons on earth with a 60% kill rate - were received by labs in the Czech Republic, Germany, and Slovenia.

Initially, Baxter attempted to stonewall questions by invoking "trade secrets" and refused to reveal how the vaccines were contaminated with H5N1. After increased pressure they then claimed that pure H5N1 batches were sent by accident. This was seemingly an attempt to quickly change the story and hide the fact that the accidental contamination of a vaccine with a deadly biological agent like avian flu is virtually impossible and the only way it could have happened was by wilful gross criminal negligence.

"Was this just a criminal negligence or it was an attempt to provoke pandemia using vaccination against flu to spread the disease - as happened with the anti-B hepatitis vaccination with vaccines containing the HIV virus in US? - and then cash for the vaccines against H5N1 which Baxter develops? How could on Earth a virus as H5N1 come to the ordinary flu vaccines? Don't they follow even basic precautions in the american pharma companies?" states the translation.

The fact that Baxter mixed the deadly H5N1 virus with a mix of H3N2 seasonal flu viruses is the smoking gun. The H5N1 virus on its own has killed hundreds of people, but it is less airborne and more restricted in the ease with which it can spread. However, when combined with seasonal flu viruses, which as everyone knows are super-airborne and easily spread, the effect is a potent, super-airbone, super deadly biological weapon.

As the Canadian Press article explains, "While H5N1 doesn't easily infect people, H3N2 viruses do. If someone exposed to a mixture of the two had been simultaneously infected with both strains, he or she could have served as an incubator for a hybrid virus able to transmit easily to and among people."

There can be little doubt therefore that this was a deliberate attempt to weaponize the H5N1 virus to its most potent extreme and distribute it via conventional flu vaccines to the population who would then infect others to a devastating degree as the disease went airborne.

The Canadian Press article states, "That mixing process, called reassortment, is one of two ways pandemic viruses are created," but then claims that there is no evidence that this is what Baxter were doing, despite there being no clear explanation as to why Baxter has samples of the live avian flu virus on its premises in the first place.

However, to reiterate, the key aspect of this story is that it is virtually impossible for live avian flu virus to find its way into a vaccine by "accident".

As health expert Mike Adams points out, "The shocking answer is that this couldn't have been an accident. Why? Because Baxter International adheres to something called BSL3 (Biosafety Level 3) - a set of laboratory safety protocols that prevent the cross-contamination of materials."

"Laboratory personnel have specific training in handling pathogenic and potentially lethal agents, and are supervised by competent scientists who are experienced in working with these agents. This is considered a neutral or warm zone. All procedures involving the manipulation of infectious materials are conducted within biological safety cabinets or other physical containment devices, or by personnel wearing appropriate personal protective clothing and equipment. The laboratory has special engineering and design features."

Under the BSL3 code of conduct, it is impossible for live avian flu viruses to contaminate production vaccine materials that are shipped out to vendors around the world.

This leaves only two possibilities that explain these events:

Possibility #1: Baxter isn't following BSL3 safety guidelines or is so sloppy in following them that it can make monumental mistakes that threaten the safety of the entire human race. And if that's the case, then why are we injecting our children with vaccines made from Baxter's materials?

Possibility #2: A rogue employee (or an evil plot from the top management) is present at Baxter, whereby live avian flu viruses were intentionally placed into the vaccine materials in the hope that such materials might be injected into humans and set off a global bird flu pandemic.

Experimentation of human beings is becoming the norm throughout the world by Pharmaceuticals companies who hold profits over safety. A recent report in the Telegraph covered the trials in Poland which killed 21 people. The medical staff, from the northern town of Grudziadz, are being investigated over medical trials on as many as 350 homeless and poor people last year, which prosecutors say involved an untried vaccine to the highly-contagious virus.

Authorities claim that the alleged victims received £1-2 to be tested with what they thought was a conventional flu vaccine but, according to investigators, was actually an anti bird-flu drug.

The director of a Grudziadz homeless centre, Mieczyslaw Waclawski, told a Polish newspaper that last year, 21 people from his centre died, a figure well above the average of about eight.

Spreading bird flu would create an instantaneous surge of demand for bird flu vaccines. The profits that vaccine companies such as Baxter International could reap out of such a panic are astronomical.

In addition, as we have previously reported, those that have a stake in the Tamiflu vaccine include top globalists and BIlderberg members like George Shultz, Lodewijk J.R. de Vink and former Secretary of Defense Donald Rumsfeld.

Authorities in both Europe and the U.S. have openly detailed plans for martial law, quarantine and internment should a bird flu pandemic occur.

The other motivation, as we have exhaustively documented on this website for years, is the fact that elites throughout history have openly stated that they want to see a world population reduction of around 80 per cent. Shocking stories like this take the plausibility of that narrative out of the realms of conspiracy theory and into the dangerous reality of conspiracy fact.

“Baxter is acting a whole lot like a biological terrorism organization these days, sending deadly viral samples around the world. If you mail an envelope full of anthrax to your Senator, you get arrested as a terrorist. So why is Baxter – which mailed samples of a far more deadly viral strain to labs around the world – getting away with saying, essentially, “Oops?”, Adams concludes.

This is not the first time that vaccine companies have been caught distributing vaccines contaminated with deadly viruses.

In 2006 it was revealed that Bayer Corporation had discovered that their injection drug, which was used by hemophiliacs, was contaminated with the HIV virus. Internal documents prove that after they positively knew that the drug was contaminated, they took it off the U.S. market only to dump it on the European, Asian and Latin American markets, knowingly exposing thousands, most of them children, to the live HIV virus. Government officials in France went to prison for allowing the drug to be distributed. The documents show that the FDA colluded with Bayer to cover-up the scandal and allowed the deadly drug to be distributed globally. No Bayer executives ever faced arrest or prosecution in the United States.

REUTERS

Laura MacInnis, Debra Sherman

European lab accidents raise biosecurity concerns

Reuters, 20 March 2009
https://www.reuters.com/article/idUSLJ556939

Geneva/Chicago, March 19 (Reuters) - Lab accidents involving bird flu and Ebola viruses have increased biosecurity fears in Europe, where public health experts say research on dangerous pathogens needs to be more strictly monitored.

A scientist in Germany last week pricked herself with a needle that was believed to be contaminated with a strain of the Ebola haemorrhagic virus with a mortality rate of around 90 percent. She is still under observation in hospital.

That accident added to public health concerns following the recent disclosure that deadly H5N1 bird flu virus samples were mixed with seasonal flu samples at a Baxter International

BAX.N
Contracted laboratory in Austria.

Health authorities and industry groups reviewing European lab safety standards concluded in a new report that scientists and managers needed to be better trained in ways to prevent, handle and report such incidents.

While stressing that research on viruses and pathogens is important for vaccine, drug and diagnostic development, the group Biosafety Europe said "it also represents a risk to the population in case those organisms may spread in the environment due to a laboratory accident, poor laboratory practices or intentional removal and subsequent release (terrorist attack)."

"Adequate technical and physical containment measures and best biosafety and biosecurity practices must be implemented in those facilities to prevent accidental or intentional release of dangerous pathogens," it said in the recommendations, published on www.biosafety-europe.eu/FinalConsiderations_PDFs.html

Security experts say viruses and other biological agents could be used as weapons, as occurred in 2001 in the United States when envelopes containing anthrax were sent to media outlets and U.S. lawmakers, kiling five people.

HUMAN ERROR

Baxter spokesman Chris Bona said the Illinois-based company learned in February about the H5N1 contamination, which was due to "a combination of process, technical and human error."

The flu virus samples were meant only for testing and not vaccine or product development, according to the spokesman, who said Baxter has "put corrective measures in place" after the accident but declined to give details "for proprietary reasons."

All 37 people exposed to the mixture at subcontractor sites in Germany, the Czech Republic and Slovenia, and at AVIR Greenhills Biotechnology, an Austrian company that bought the samples, tested negative for H5N1 bird flu, Bona said.

The World Health Organisation (WHO) fears that virus, which has killed 256 people since 2003, could trigger a deadly flu pandemic if it mutates and starts to spread more easily.

Biosafety Europe's project coordinator Kathrin Summermatter said that better training and more collaboration on safety standards could help reduce pathogen risks in European labs.

"We found that even though there are European guidelines concerning biosafety, the awareness, the implementation and the control was not the same in the different European countries," she told Reuters by email.

The group's report, compiled before the recent bird flu and Ebola accidents, said that Northern European countries disclosed more laboratory-acquired infections than other parts of Europe, "which in part may reflect reporting differences."

Summermatter said greater transparency about incidents that do occur was essential to help identify and reduce risks: "It is important to learn from the experience of other laboratories."

FINANCIAL TIMES

Andrew Jack

WHO mulls stricter transport of bio products

Financial Times, 16 March 2009, 22:10;
https://web.archive.org/web/20110517124809/http://www.ft.com/cms/s/0/d7a3e3d6-1237-11de-b816-0000779fd2ac.html?nclick_check=1

Public health officials are studying the need for tighter controls on the transport of biological products after Baxter, the US pharmaceutical company, inadvertently supplied samples of the H5N1 bird flu virus to a series of European laboratories.

Specialists from the World Health Organisation and the European Centre for Disease Prevention and Control are monitoring the case at a time of growing concern that existing international rules to minimise the risks of the spread of pathogens are too weak.

Their scrutiny follows an incident that recently came to light when samples of H5N1 from Baxter's Austrian labs contaminated batches of the less harmful H3N2 seasonal flu virus that it was supplying under a commercial contract to a customer, Avir Greenhills Biotechnology.

A combination of H3N2, which is highly transmissable between humans, and H5N1, which has killed hundreds of millions of chickens and other animals in recent years, could potentially lead to a mutated virus that forms the basis of a new human pandemic threatening millions of lives, according to scientists.

Baxter stressed that the H3N2 strain had been made "replication defective", and was handled in tightly controlled laboratories purely for experiments, so there was little chance it could have led to an outbreak threatening humans. It also stressed that all staff potentially exposed were tested and given antiviral treatment to prevent any infection.

Baxter was forced to suspend production last year of Heparin, a blood thinner, after contamination during manufacturing of the primary ingredient in China triggered health alerts in the US, where regulators say it may have contributed to patient deaths. Baxter has refuted the FDA's claim.

Baxter said the H5N1 samples were provided for its own research into a pandemic vaccine it is developing, and were from a variant of the virus identified in Vietnam and provided to the company by the US Centers for Disease Control in Atlanta.

"The material was handled appropriately in all steps of the process in the right conditions," said Chris Bona, a Baxter spokesman. "The experimental material was produced exclusively for laboratory testing, was not used for product production and was not for use in humans."

It somehow mixed with H3N2 before distribution last December to Avir, and the more potent virus was detected by a subcontractor in the Czech republic last month after it rapidly killed ferrets exposed to the viruses. Avir had also sent samples to Slovenia and Germany.

Mr Bona stressed that Baxter had since taken "corrective preventative actions" and its procedures had been approved by the Austrian authorities.

The incident comes just after the conclusion of an EU-funded project on biosafety highlighted the need for improvement to national regulatory frameworks for biosafety and laboratory biosecurity.

nature medicine

Cassandra Willyard

Biosafety bungle leads to bird flu contamination

Nature, Medicine, 1 April 2009, Vol. 15, N 4: 349
doi: 10.1038/nm0409-349a. PMID: 19349992

In February, a group of experimental ferrets at a research facility in the Czech Republic fell ill. The ferrets had recently been injected with a culture containing what was believed to be a straight shot of the seasonal influenza virus, but their symptoms were severe and wholly unexpected. Researchers later determined that they were suffering from avian influenza; the seasonal flu culture had been contaminated with the deadly virus H5N1.

The flu sample, which came from an Austrian laboratory owned by Baxter International, ended up in at least three other labs in Austria, Germany and Slovenia. Although no one has fallen ill as a result of the mix-up, experts say the incident raises biosafety concerns and highlights the need for better quality control.

"I think it points to major problems," says David Topham, a microbiologist at the University of Rochester Medical Center and co-director of the New York Influenza Center of Excellence. Although contamination can happen easily, he says, there should be sufficient safety measures in place to prevent it.

Christopher Bona, a spokesperson for the Illinois-based Baxter, says it is "highly unlikely" that anyone was exposed to the avian flu virus. He adds that the contamination was due to "a combination of process, technical and human error," but that the problem has since been corrected. Bona refused to give specific details about how the accident occurred, noting that Baxter's processes are proprietary.

Although the World Health Organization and the European Centre for Disease Prevention and Control are aware of the incident, the Austrian Ministry of Health has jurisdiction over Baxter's lab in Orth-Donau. The ministry audited the lab after the accident. "Nothing alarming was found," says Sigrid Rosenberger, a spokesperson for the ministry.

Baxter's Austrian lab had sent the flu culture to the Vienna-based Avir Green Hills Biotechnology, which is developing a live attenuated influenza vaccine. Avir workers handled the contaminated material in Vienna, but they also sent the culture to three subcontractors, including the facility in the Czech Republic. Topham says employees working at these labs would have had the greatest risk of contracting avian influenza. But, he adds, the risk is minimal unless the virus is introduced directly into the respiratory tract, a situation that would be unlikely if the lab workers followed standard biosafety procedures.

According to Avir, all potentially exposed employees have been examined and treated with antiviral medicines. Furthermore, the contaminated product has been destroyed, and all of the labs have been sanitized. "At no time was there any danger to the population or the environment," says Birgit Kofler-Bettschart, a spokesperson for the company.

Still, the incident has left many concerned. It highlights "a potential hole in the regulation of the early stages of vaccine research," says Gregory Härtl, a spokesperson at the World Health Organization.

"The mere fact that this could happen," says Albert Osterhaus, head of the virology department at Erasmus University Medical Center in Rotterdam, "indicates that there is something wrong." Osterhaus would like to see Baxter help others learn from its mistake: "when you see [...] holes in the system, I think it's important to share that with the people that are working in this particular area." It's like the aftermath of a plane crash, he says. "It's always very important to see what went wrong."

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signs of the times
Home Podcast Forum

[Jane Burgermeister]

Lawsuit Against Manufacturers of the Avian Flu Virus Vaccine

Signs of the Times, 8 April 2009
https://web.archive.org/web/20090629204013/http://www.sott.net/articles/show/187813-Lawsuit-Against-Manufacturers-of-the-Avian-Flu-Virus-Vaccine
https://web.archive.org/web/20090621120844/https://birdflu666.wordpress.com/2009/04/13/case-about-bird-flu/

Jane Burgermeister, an Austrian investigative reporter, filed criminal charges in April against Baxter AG and Avir Green Hills Biotechnology of Austria for producing contaminated bird flu vaccine, alleging this was a deliberate act to cause and profit from a pandemic

Criminal charges against
Baxter AG,
Baxter International and
Avir Green Hill Biotechnology AG,

For developing, manufacturing, disseminating, and releasing a biological weapon of mass destruction, on Austrian soil between December 2008 and February 2009; With the intention of causing a global bird flu pandemic virus and of intending to profit from that same pandemic, in an act that Violates Laws on International Organised Crime and Genocide.

Charges filed against Baxter and Avir
Charges filed with the 1st part translated into English

Overview

Submitted on:
Wednesday, 8th April 2009,
Vienna State Prosecutor's Office, Landesgerichtstrasse 11, 1080 Vienna

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A. Summary of the criminal charges brought and of the ground for these charges.

I am a citizen of Austria and live in Vienna, and would like to file criminal charges against the corporate entities of

Avir Green Hills Biotechnology, headquartered in Vienna, Währing, and
Baxter AG, headquartered in Vienna, the Austrian subsidiary of the pharmaceutical company Baxter International, headquartered in Deerfield, IL, USA, and
Baxter International,
for endangering my life and health as well as the lives and health of the people in the city of Vienna, in Austria and in the surrounding countries.
Avir and Baxter unlawfully, wilfully and knowingly, in the period between December 2008 and February 2009, employed manipulative and deceptive devices and contrivances in violation of national and international laws on the manufacturing, possession, release and dissemination of biological weapons of mass destruction and on organised crime, to manufacture and distribute a biological agent that is classified as a bioweapon among the population.

First, Baxter manufactured an influenza material which was contaminated with a bird flu virus in its biomedical research laboratories in Orth on the Danube in December 2008.

Baxter uses BSL 3 (Biosafety Level 3) precautions in its laboratories, a system for the safe-handling of toxic substances, which makes an accidental contamination of ordinary flu material with the dangerous bird flu virus virtually impossible.

The contaminated vaccine material contained a mixture of a seasonabl H3N2 human influenza virus and the deadly H5N1 virus. By adding a virus of the type H5N1 to an ordinary flu virus of the type H3N2, Baxter produced a highly dangerous biological weapon with a 63 per cent mortality rate.

The H5N1 virus is restricted in its human-to-human transmissibility, especially because it is less airborne.

However, when it is combined with seasonal flu viruses, which are airborne and easily spread,
A deadly virus of this kind could spread around the world in a short time and infect millions and even billions of people.

Second, Baxter distributed via Avir a number of these contaminated vaccines using false concealment and a false label to 16 laboratories in Austria and in other countries at the end of January/beginning of February, potentially infecting at least 36-37 laboratory staff, who had had to be treated preventively for bird flu and ordinary flu in hospital.

On February 9th - on the very same day as 18 employees of Avir were given preventative treatment for the bird flu in the Otto Wagner Hospital in Vienna - AFP reported that Panasonic Japan intended to bring back to Japan the families of many of its staff working around the world because of the threat of a bird flu pandemic.

"Panasonic to fly home workers' families over bird flu fears

Feb 9, 2009

TOKYO (AFP) - Panasonic Corp. has ordered Japanese employees in some foreign countries to send their families home to Japan in preparation for a possible bird flu pandemic, a spokesman said Tuesday."
The firm decided to take the rare measure "well ahead of possible confusion at the outbreak of a global pandemic," he said.

Eight people have contracted the H5N1 bird flu virus in China alone this year - five of whom died.

"The bird flu cases reported so far are infections from bird to human, but once an infection between human beings is reported, things can get chaotic with many other companies trying to bring back their employees," Kadota said.

"We wanted to take action early before it gets difficult to book flight tickets," he said."

Furthermore, I contend that Avir and Baxter planned to profit from their triggering a bird flu pandemic by sealing a contract in 2006 with the Austrian Health Ministry, led by then Health Minister Maria Rauch-Kallat, to supply 16 million vaccine shots in the event of a bird flu pandemic being declared.

In addition, I maintain that this ‚laboratory incident" shows that national and international authorities are not able to fulfil their obligations to ensure the safety of the Austrian people. On the contrary, I maintain that the authorities are involved in trying to cover up this event.

If a pharmaceutical company can breach laws - and almost trigger a bird flu pandemic, which could harm 99 per cent of the world's population - without being made accountable for it in any way, then there is, de facto, no rule of law on Austrian territory.

As a result of the failure of the authorities to take action, those persons who were responsible for distributing the deadly pandemic virus are still sitting in the same positions in Baxter and Avir, and another such dangerous incident could happen anytime.

Moreover, I maintain that the specific production system which Baxter has developed with help of US government bodies for producing a human vaccination to the bird flu - namely, the use of 1,200 liter bioreactors and vero cell technology - could meet the technical criteria to be classified as a secret dual purpose large-scale bioweapon production facility in as far as the production process would allow a huge amount of contaminated vaccine material to be produced rapidly.

If contaminated material were added to the 1,200 liter bioreactors, it would replicate and infect the entire batch of vaccine material in the 1,200 liter tank.

Contaminated material could be distributed among sections of the population using false labels and secretly marked batches and so infect millions of people. There is evidence that the Spanish Flu pandemic of 1918-1919 was started after US soldiers were given contaminated inoculations.

I maintain that such a de facto covert dual purpose bioweapon production and delivery system could only be established on Austrian soil with the knowledge and support of persons in the highest offices in the Austrian Health Ministry and other Ministries and authorities who issued licences, permits and contracts without adequate controls.

Also, I contend the establishment and now use of a bioweapon production facility in Austria could only happen with the knowledge and support of key people in the media.

The general public has a right to be informed about this episode.
Many Austrians, however, have heard nothing at all about this incident because there has been so little coverage of it in the media.

They don't know that a vaccination, which the government will recommend everyone to take in the event of a bird flu pandemic and which has been pre-ordered in huge quantities using Austrian people's own tax money, is to be manufactured by the very same company that was responsible for almost triggering a bird flu pandemic this winter in the first place, namely Baxter.

The way vaccine material was contaminated with bird flu raises the question of whether Austrians can be sure that any vaccinations they are given have been adequately tested. Even today we don't know precisely what was in the contaminated vaccine material, which Baxter sent out to 16 laboratories in Austria and abroad.

We don't know which type of virus was in the contaminated material, if the virus was bio technically altered, and if so, what modifications were made. Every safeguard and control not only in Baxter and in Avir but also in the authorities have failed.

We can't even be sure what is in Baxter's ordinary flu vaccine shots if these are produced with equally few controls and checks.

Whenever a number of people in various organisations act in concert to carry out a criminal plan and to cover up their tracks afterwards, then this activity falls under the category of organised crime. I maintain that this ‚laboratory incident" and the subsequent cover up by the authorities and media has all the elements of international organised crime.

If millions of Austrians were to die as a result of a pandemic virus and/or contaminated inoculations, then their assets, their savings, their houses, apartments, farms and companies would be easy to acquire by a crime syndicate that has infiltrated and annexed key government offices. I, therefore, claim that the motivation for releasing this pandemic virus is one of classic robbery; if one arm of the international crime syndicate, after installing a covert bioweapon facility, releases a global pandemic virus, then the other financial arm of this same international crime syndicate can rob the assets of the victims around the globe as well as get greater control of the natural assets of any country, including water and agricultural land, natural assets that are increasingly valuable as global warming bites.

Avir Green Hill Biotechnolgy AG is a biopharmaceutical company, headquartered in Vienna, Währing.

As a resident of Vienna, Währing, I note that some of the violations that could have sparked a global bird flu pandemic occurred on the premises of Avir in the Gersthoferstr. 29-31, Vienna, Währing, between December 2008 and February 2009.

A total of 18 laboratory staff belonging to Avir had to undergo preventative treatment for the bird flu and ordinary flu at the Otto Wagner Hospital in Vienna on February, 9th, 2009, because of their exposure as part of their work to the highly pathogenic bird flu virus.

This indicates that, in the opinion of medical experts, there was a risk that the staff of Avir had contracted bird flu.

That means that the 18 staff could have, unknowingly, acted as carriers of a pandemic virus into the population of a densely built up Vienna city district and in winter time.

It needs to be stressed that the bird flu virus was developed in US military laboratories from 1995 onwards by researchers who reconstructed the genetic code of the Spanish Flu pandemic virus of 1918-1919.

According to a report in "Der Spiegel" from 05.10.2005 (US-Forscher beleben altes Killervirus von Markus Becker /US researchers resurrect old killer virus) the bird flu virus was reconstructed by Jeffrey K Taubenberger from the Armed Forces Institute of Pathology in Washington using lung tissue retrieved from victims of Spanish Flu from 1918-1919, which yielded pieces of the virus's genes.

‚Um das vor acht Jahrzehnten verschwundene Virus der Spanischen Grippe wieder zum Leben zu erwecken, entnahm Taubenbergers Team mehreren Leichen Gewebeproben, unter anderem einer Frau, die 1918 im Dauerfrostboden von Alaska beerdigt worden war. Zusätzlich verwendeten sie in Formalin konserviertes Lungengewebe von anderen Opfern der Spanischen Grippe.

In einem komplizierten Verfahren gelang es den Wissenschaftlern, den genetischen Code des extrem aggressiven H1N1-Virus zu identifizieren und es im Labor zu reproduzieren. Die Mediziner stellten mit dem genetischen Code virusartige Genstränge her, sogenannte Plasmide. Diese wiederum wurden menschlichen Nierenzellen eingepflanzt. ,

So, using the argument that they need to find an antidote to the lethal bird flu virus, researchers have resurrected this lethal bird flu virus and created the danger in the first place.

‚Reviving the Spanish Flu virus is a recipe for a catastrophe. It could put any attack using anthrax or the plague in the shade," said Jan van Aken, head of the German section of the Sunshine Project.

In the summer of 2008, US researchers found that this newly reconstructed lethal bird flu virus could be mixed with ordinary human flu virus in laboratory conditions and so, in theory, could acquire easy human-to-human transmissibility.

It was precisely this very virus mix of a lethal H5N1 bird flu virus and an ordinary human flu H3N2 virus that Baxter manufactured in its laboratory in Orth/Donau in December 2008, and then distributed via Avir to 16 laboratories in Austria and abroad employing fraudulent misrepresentation.

The Canadian Press explains the issue:

‚While H5N1 doesn't easily infect people, H3N2 viruses do. If someone exposed to a mixture of the two had been simultaneously infected with both strains, he or she could have served as an incubator for a hybrid virus able to transmit easily to and among people."

According to media reports, Dr Rebecca Carley maintained in March 2009 that this was a deliberate attempt to start a pandemic.

‚Basically, they're trying to cause the pandemic. They have already stockpiled at least 250 million doses of the bird flu vaccine. The shelf life of that vaccine has a certain amount of time by which they'll have to throw it in the garbage. So they have to start the pandemic so that they can give the vaccines, which will then cause the bird flu pandemic...In fact, this is an associated press article that says that our government is reluctant to give bird flu vaccine to some of the rogue nations for fear they will use the vaccine as biological warfare. So when you actually look at what's out there, folks, it becomes crystal clear. This is genocide. This is population reduction. And it's happening right now."

‚Well, let me also state that this is very intentional because the H5N1 bird flu virus is not actually able to be picked up by humans in a regular scenario. So by putting it with a regular human flu, they're intentionally causing it to create a hybrid virus. And this is how they're going to make the bird flu virus be contracted by the people because it's very virulent. And basically, the scenario that it creates is very disturbing. You actually bleed out into your lungs and suffocate on your own blood."

The managers of Baxter and Avir are responsible for ensuring that biosecurity regulations are implemented.

The management team of Avir is listed as Thomas Muster (CEO, CSO), Michael Tscheppe (CFO), Reinhard Zickler (COO), Andrej Egorov (Vice President Research), Rosemarie Dick-Gudenus (Vice President Development), Joachim Seipelt (Vice President Cooperations). On the Supervisory Board of Avir are Herbert Hild, Nikolaus Zacherl, Christian Mitteregger, and Gregor Medinger,

The Board of Directors and CEOs of Baxter International Inc are listed on the company website at http://www.baxter.com/about_baxter/company_profile/company_leadership/index.html.

According to a press release of 2008, MD Dr Hartmut Ehrlich, is the on the board of Baxter AG, Vice President, Global Research & Development Baxter BioScience as well as CEO of Baxter Innovations GmbH. Mag. Markus Reinhard, is on the board of Baxter AG, company spokesperson, Vice President for Operations Support and Human Resources at Baxter BioScience Europe and Global Research & Development as well as CEO of Baxter Innovations GmbH.

Claims against Baxter

Specifically, I assert that a person or persons in Baxter, unlawfully, wilfully and knowingly, manufactured and distributed a deadly pandemic virus

a) by providing logistical help, support and authorisation for the manufacturing of a pandemic virus in Baxter's research laboratory in Orth/Donau in December 2008, specifically, by injecting the live bird flu H5N1 virus into human flu material, and in a large quantity; and

b) by employing devices, schemes and artifices to subvert the Biosafety Level 3 regulations in place at the laboratory in Orth/Donau in order to get that same live bird flu pandemic virus, undetected, without being radiated, out of the high biosecurity facilities in January 2009; and

c) by sending the live bird flu virus material through the post or by a courier to the premises of Avir by fraudulently concealing the true nature of the material from the carrier; and

d) by falsely misrepresenting the dangerous live bird flu pandemic flu material as an ordinary vaccine material by employing the contrivance of affixing a label that failed to disclose the true nature of content to outside laboratory staff, who, on the basis of that information, then handled the live bird flu pandemic in such a way that increased the risk of their exposure to the disease-producing biological virus, and so that they had to be given preventative treatment against the bird flu and ordinary flu in the Otto Wagner Hospital in Vienna on February 9th; and

e) by instructing their accomplice or accomplices at Avir to send on January 31st, by employing fraudulent concealment, the live bird flu pandemic material to 16 other laboratories in Austria and abroad, including to BioTest in the Czech Republic. Staff at BioTest tested the vaccine material on ferrets, which then died. The material delivered by Avir was tested and the presence of the dangerous live H5N1 bird flu virus detected. 13 members of BioTest staff who had contact with the virus for a almost a week as part of their work were treated preventatively for the bird flu; and

f) for allowing those 13 staff belonging to BioTest to be examined in the capital 400 km away when they should have been examined in a medical centre closer to home; and

g) for trying to cover up their role in the incident; Baxter has so far not issued any statement or given a full and detailed account of how the material came to be contaminated; and

h) for seeking to profit from any bird flu pandemic they engineered by positioning themselves to produce at short notice 16 million "vaccination" shots by sealing contracts in advance in 2006 with the Austrian Health Ministry, led at that time by Health Minister Maria Rauch-Kallat; and

i) for engaging in acts and practices to hinder scrutiny of their actions, also by employing the artifice of filing charges against themselves, thereby misusing a provision in the law whose overwhelming intent is to investigate a crime in order to escape just such an investigation.

Claims against Avir

I assert, specifically, a person or persons in the management/and or in other positions in Avir, unlawfully, wilfully and knowingly, distributed a deadly pandemic virus

a) by providing logistics, support and authorisation for the taking into custody of a package from Baxter with a live bird flu pandemic flu virus at their premises in Vienna Währing at the end of December 2008; and

b) by misleading the rest of the staff at Avir as to the true facts of the situation by the continued false misrepresentation of the nature of the pandemic virus material and so increasing the likelihood of that the staff would expose themselves to and be infected by the live bird flu material. Eighteen

staff belonging to Avir had to be treated preventatively for the bird flu in the Otto Wagner Hospital in Vienna on February 9th because of the risk that they had come in contact with the bird flu and human flu virus as part of their work, according to a press release.

c) by subverting biosafety regulations in place designed to screen and control incoming packages to get the contaminated material undetected out of Avir's premises at the end of January.

d) by sending the live bird flu pandemic material to 16 laboratories in Austria and abroad through the post or other courier services using false concealment on January 30th, 2009; and

e) by falsely misrepresenting the live bird flu pandemic flu material as a routine, non-threatening human flu vaccination material to the staff of BioTest and other outside laboratories with the object of misleading them into thinking there was no danger to their life or health, and so tricking them into performing actions that increased the risk of their exposure and infection by the disease-producing microorganisms. Thirteen staff belonging to BioTest were given preventative treatment on February 6th because of the risk that they had been infected by bird flu as part of their work; and

f) for trying to cover up their role in the incident; and

g) for positioning themselves to profit from the triggering of any pandemic through contracts with Baxter and other research laboratories.

In the light of the fact that so little information about the incident has been released to the general public, I have had to reconstruct the timeline to this laboratory incident from media sources.

According to a report, the authorities gave Baxter a green light to continue their operations after carrying out an inspection on February 16th.

Until now none of the four main parties in Austria have issued a statement on the incident.

According to the website of the Austrian Parliament, written questions were tabled to the Minister of Health by several members of parliament on March 20th.

The questions "Silence over a serious laboratory incident involving flu vaccination material contaminated with H5N1" tabled by Member of Parliament were not answered as of April 6th 2009.

One question is: "Can you rule out a threat to the Austrian population?"

http://www.parlament.gv.at/PG/DE/XXIV/J/J_01437/pmh.shtml
Written Questions to the Federal Government, that is to say, to the members composing the XXIV. Legislative period (of the past 30 days)

State of the Nation

Jane Burgermeister

Charges filed against Baxter and Avir

State of the Nation // Birdflu666. – 13 April 2009
https://stateofthenation.co/?p=70631
https://web.archive.org/web/20090429014808/https://birdflu666.wordpress.com/2009/04/13/4/

I have filed criminal charges in Austria against Baxter and Avir Green Hills Biotechnology for producing and distributing contaminated bird flu vaccine material this winter, alleging that this was a deliberate act to cause a pandemic, and also to profit from that pandemic.

Avir and Baxter AG are headquartered inside the Vienna City limits, where I live, and so fall within the jurisdiction of the Vienna City Prosecutor.

In the paperwork I filed with the Vienna City Courthouse on Wednesday, April 8th, 2009, after consulting lawyers, I present evidence of intent to cause harm by Baxter and Avir, citing, among other things, the fact that Baxter uses Biosafety Level 3 regulations to prevent just such a contamination of ordinary flu with the bird flu virus.

Also, I suggest that there are reasonable grounds for believing that Baxter is part of a secret bioweapons programme and that there are plans to release weaponised bird flu on the world's population soon.

Furthermore, I present evidence to support the notion that Baxter is a smaller entity operating within a bigger aggregate of entities that belong to an international organised crime group, which I maintain can be identified with the group known informally as "The Illuminati".

I allege there is evidence the US "Illuminati"-controlled government plans to release the bird flu on the US population in the near future, citing bird flu drills, FEMA camps, mass graves among other facts.

Flowing from their obligations as a signatory to the UN Convention for the Punishment and Prevention of Genocide, I argue that Austrian courts are bound by law to prosecute any individuals or organisations when there is reasonable proof that they are involved in planning any genocide, including US officials.

In an era of global crime organisations, I argue it is more necessary than ever that Austrian courts leverage international laws to protect the Austrian people as well as people all around the world against the bird flu and other threats, posed in particular by the "Illuminati" global racketeering influenced organised crime syndicate.

As evidence for Baxter's participation in a secret, black international bioweapons programme, I cite reports that the "bird flu" virus was resurrected by US bioweapons scientists from the Spanish Flu virus in 1996 and also note that Baxter has patented a highly pathogenic bird flu virus mutation, something difficult to account for if Baxter is not doing research into weaponised bird flu strains.

As evidence that Baxter deliberately manufactured and distributed the contaminated material, I note the way the Biosecurity Level 3 regulations were systematically subverted at Baxter's facilities in Orth an der Donau.

I also note the reports in the media that the contaminated material was sent to 16 laboratories with a false or incorrect llabel as evidence of intent to deceive staff in outside laboratories into thinking they were handling relatively harmless material and into taking fewer precautions, so increasing their risk of being infected by the bird flu and acting as pandemic bird flu carriers into the general population.

I argue the fact that at least 36 to 37 laboratory staff were treated preventatively for bird flu and normal flu in hospital underlines the danger that they could have been infected with the bird flu, and could have sparked a pandemic.

In addition, I present arguments for classifying Baxter's production facilities for the vaccination material for the bird flu — specifically the use of 1,200 liter bioreactors and vero cell technology – as a dual biological weapons programme. This is because it would allow a huge amount of contaminated vaccine material to be produced rapidly if any live bird flu virus material ever got into the bioreactor in the first place.

I argue that the production and distribution of contaminated bird flu material by Baxter to 16 labs this winter showed that every safety control failed – and that another such a systematic "safeguards" failure cannot be ruled out again and nor can it be ruled out that contaminated material ends up in 1,200 liter bioreactors. I cite opinions that the Spanish Flu Pandemic of 1918-1919 was spread by contaminated vaccines.

I contend that a motive for Baxter for sparking the pandemic is profit.

In 2006, Baxter sealed a contract with the Austrian Health Ministry to supply 16 million doses of bird flu vaccines in the event of a "pandemic". This action fits the pattern of deriving an income from illegal activities which is typical of an organised crime racket.

[Note: The Austrian Health Minister who signed the deal with Baxter in 2006 is Maria Rauch-Kallat, the wife of Alfons Mensdorff-Pouilly, who was released from jail in Austria on April 3rd, 2009, after being held in custody for five weeks in connection with bribery and money-laundering involving British weapons maker BAE systems.]

I also allege that the Austrian and international authorities are involved in a cover up.

As evidence for the cover up, I cite the fact that no action has been taken by the authorities. Little to no information has been released to the public.

While none of the political parties has made a statement, a few members of parliament apparently acting on their own tabled questions to the Austrian Health Minister on March 20th to obtain information.

Questions tabled include: "Can a threat to the Austrian people be ruled out?" "What steps have been taken to stop a repeat?"

In my charges, I argue that the people of Austria have a right to be fully informed about the incident and any investigation.

I suggest the notion that Austria has a "state within a state" or a "secret army" , a group of agents who act on the orders of Illuminati and who have annexed key positions in Austrian government and authorities, and who provide cover that allows Baxter and Avir to operate more or less outside the law.

I allege that persons in charge of the Austrian mainstream media are part of the cover up of this crime syndicate. The media in gross dereliction of its duty as the fourth estate to call organisations to account has been pretty much silent about the incident here in Austria.

Because so few Austrians have heard about the way Baxter produced and sent out the pandemic material this winter, they will be more willing to allow themselves and also their children to be injected with a vaccine supplied by that same company Baxter in the event of a pandemic, I argue. The silence of the media is, therefore, I contend a necessary element in carrying out this crime.

Should millions of Austrians and Europeans die as a result of the bird flu pandemic and/or contaminated vaccine material, their homes, property, savings, farms, companies and other assets could fall to the state authorities controlled by organised crime, and so could be transferred into private hands with ease.

I argue there is a robbery motive to the murder of millions of people throughout the world by use of weaponised bird flu. I present evidence that the "Illuminati" have planned the current global financial collapse to enrich themselves, and they are now using the relatively inexpensive and efficient weaponised bird flu as part of a pre meditated plan to eliminate huge numbers of their robbed victims before these can regroup and obtain retribution.

If the international organised crime syndicate I designate as the "Illuminati" manage to kill millions or billions of people by unleashing a pandemic bird flu, they are in a position to take control not only of personal assets of their victims but also of natural resources of entire countries, resources that are increasingly valuable at a time of global warming, I argue.

You can read the document I submitted to the prosecutor in German below. Some of the quotes are in English. I'll post up the English translation as soon as it's ready.

I would appreciate any information, articles or tips relevant to the bird flu case, so that I can submit these to the prosecutor to reinforce the case.

As for the next step, I was told my file would be assigned a case number and allocated to a state prosecutor who will review the information and, if there is enough evidence of violations of laws, authorise criminal charges to be brought against Baxter and Avir.

If you want to contribute or help out, contact me, Jane, at jmburgermeister@gmail.com.

I would like to bring more such cases, also in other European countries, in a bid to reign in the crime spree.

https://birdflu666.wordpress.com/2009/04/13/case-about-bird-flu/
https://web.archive.org/web/20090621120844/https://birdflu666.wordpress.com/2009/04/13/case-about-bird-flu/

outsidermedia

Obviňuji Vás z přípravy masové vraždy! (I)

Outsider Media, 3 May 2009
https://outsidermedia.cz/Obvinuji-Vas-z-pripravy-masove-vrazdy-II/
https://web.archive.org/web/20220818105236/https://outsidermedia.cz/Obvinuji-Vas-z-pripravy-masove-vrazdy-II/

První část dopisu rakouské novinářky Jane Burgermeister generální ředitelce WHO (Světové zdravotnické organizace). Tato novinářka již podala žalobu na firmu Baxter pro podezření ze snahy o rozpoutání pandemie. O tomto případu jsme vás již informovali v březnu tohoto roku.

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From: Jane Burgermeister (jmburgermeister@gmail.com)

Date: April 25, 2009

Subject: Obvinění připravované proti dr. M. Chan a WHO pro zločin masové vraždy

Vážená paní doktorko Margaret Chan,

zasílám tento email, abych Vás informovala o svém záměru podat v pondělí 27. 4. soudní žalobu proti Vám i ostatním zaměstnancům WHO a spojených organizací kvůli vašemu podílu na tom, že byla světová populace vystavena riziku pandemického viru, který by mohl zabít miliardy lidí, a to dle zákona o boji proti zločinu organizovanému mezinárodními gangsterskými skupinami a rovněž dle konvence Spojených národů o prevenci a trestání genocidy.

Jako veřejný činitel, který je zaměstnán v mezinárodní organizaci ve funkci generální ředitelky Světové zdravotnické organizace se sídlem v Ženevě, máte jako povinnost a součást své náplně práce jednat vždy tak, abyste byla strážcem zdraví světové populace, zvláště předcházet „zneužití“ vyhlášení pandemie organizacemi, společnostmi, vládními orgány nebo jinými celky, které mají v úmyslu vypustit pandemický virus a poté získat pomocí programu všeobecné plošné vakcinace zamořeným materiálem politické a ekonomické výhody z masové vraždy.

Zprávy médií ukazují, že vaše organizace zneužívá svou organizační strukturu, personál a služby, aby zveličovala nebezpečí viru prasečí chřipky, a tím ospravedlnila právě takové plošné očkování nevyzkoušenou a neotestovanou vakcínou. WHO poprvé v dějinách nařídila všem svým členům, aby nepřetržitě obsluhovali „Místnost pro kontrolu pandemie“ jako reakci na včera v médiích ohlášené případy prasečí chřipky, a je bezprostředně připravena vyhlásit „pandemii“. Tato „Místnost pro kontrolu pandemie“ je zřízena za účelem sledování šíření pandemického viru, a tudíž je vybavena superpočítači napojenými na veškeré bezpečnostní síly vlád členských států Spojených národů. Tato „Mistnost pro kontrolu pandemie“ je místem, odkud vzejdou veškerá prohlášení o „pandemii“, a já bych byla vděčná, kdybyste mohla zveřejnit seznam lidí, kteří pracují v této kontrolní místnosti.

Když WHO totiž vyšle takovéto „prohlášení“ presidentu Obamovi, budou po celé zemi rozmístěny jednotky FEMA a DHS (bezpečnostní síly), tzv. „Protipandemické oddíly“. Guvernérům všech států USA bude sděleno, že budou do praxe zavedena opatření zákona Model State Emergency Health

Powers Act (MSEHPA). To znamená, že všichni Američané musí souhlasit s plošnou vakcinací, jinak budou obviněni z hrdelního zločinu. Nebylo by lepší, doktorko Chanová, abyste prostě požádala lidi, kteří to odmítnou, aby nosili chirurgickou roušku, pokud je zde opravdu reálné nebezpečí pandemie? Proč činit nátlak na vakcinaci pod hrozbou zastřelení? Zákon praví, že každý, kdo odmítne očkování anebo se staví proti nucenému přemístění do připravených „karanténních zařízení“, může být vystaven „legální“ střelbě a může být zabit. (Ospravedlněné „smrtelné donucení“).

Jste si jistě vědoma těchto skutečností. Je to tak krutý scénář, že Vy ve svém postavení veřejného činitele musíte mít pádné důkazy, že se jedná o extrémní nebezpečí pro lidskou populaci a musíte mít ověřené a nepochybné zdůvodnění, že Vaše akce budou skutečně zaměřeny proti této hrozbě, a že je dobrý důvod, proč prostě nedoporučíte nosit chirurgickou masku lidem, kteří se nechtějí nechat očkovat.

Zprávy médií naznačují, že nový kmen prasečí chřipky je uměle vytvořená kombinace, která obsahuje geny ptačí, lidské a prasečí chřipky z několika různých kontinentů. Existují tedy důvody, které nás mohou vést k domněnce, že pochází z nějaké laboratoře, a to spíše z laboratoře na výrobu biologických zbraní. Nebylo by pro WHO lepší, aby poskytla odbornou pomoc při vyšetřování laboratoře, která vyrobila a vypustila tento syntetický virus, a poté ji pohnala před soud? Neměla by raději lidem doporučit nosit roušky, než vyhlašovat plošný očkovací plán? Podle níže uvedené zprávy Fox News je vaše hodnocení nebezpečí této prasečí chřipky mnohem více pesimistické než hodnocení CDC (Americké centrum pro kontrolu nemocí), jež doporučuje pouze obvyklá opatření. Jak to vysvětlíte?

Jak vysvětlíte, že jste již označili tolik smrtelných případů, zatímco mexická vláda potvrdila pouze 16 úmrtí způsobených tímto kmenem chřipky? O jaký vědecký podklad se opírá toto vaše určení počtu úmrtí? Používáte k tomu správnou metodu? Můžete u soudu dokázat, že užíváte správnou metodu, a že prosté doporučení lidem, aby nosili operační roušky, není dostačující?

Upozorňuji vás, že nový kmen prasečí chřipky se objevil zároveň v Mexiku a Americe, a to za „záhadných okolností“, což také ukazuje na úmyslné, plánované a koordinované vypouštění umělých, v laboratoři syntetizovaných virů. Neměli byste raději vyšetřovat tuto „tajemnou příhodu“? Zahájili jste nějaké vyšetřování? Koho vyšetřujete? Uveďte podrobnosti, prosím.

WHO je povinna využít všechny ostatní postupy dříve, než vyhlásí pandemii a zahájí plošné očkování, a proto je Vaší úřední povinností vědět, že v roce 1976 muselo být americkou vládou zrušeno plošné očkování proti prasečí chřipce, protože přibývalo důkazů, že jeho rizika pro veřejnost jsou větší než riziko skutečné prasečí chřipky. Vzhledem k tomuto precedentu z roku 1976 jste obzvláště povinna se ujistit, že pod vaší záštitou nebude předčasně vyhlášena pandemie a nebude provedeno žádné plošné očkování, pokud nebude ohrožena široká veřejnost a potvrzena vysoká kvalita a bezpečnost použitých vakcin. Musíte také prokázat, že doporučení nosit operační roušku není funkční alternativou při obraně před jakoukoliv údajnou pandemií.

Jsem přesvědčena, že neplníte své povinnosti tím, že

a) neposkytujete veřejnosti přesné informace o ohrožení, které pro ně představuje prasečí chřipka

b) jste se neujistila, zda předčasné vyhlášení pandemie nebude záminkou k rychlému šíření zamořených nebo závadných vakcin, které by mohly vést ke smrti či poškození lidí, jak se již událo v roce 1976

Jako veřejný činitel, jehož náplní práce je v současné době vyšetřování firem Baxter a Avir, zapletených do úniku pandemického materiálu s virem ptačí chřipky v Rakousku, jste povinna plně si uvědomovat okolnosti tohoto případu a role, kterou farmaceutická společnost, jmenovitě Baxter, hrála v tom, že byla téměř spuštěna pandemie. Měla byste také vědět o trestních oznámeních, která

jsem 8. dubna 2009 v této věci podala u vídeňské městské prokuratury proti Baxteru a dalším subjektům, včetně WHO, a jež jsou dostupná na blogu. Referenční centrum WHO poskytlo společnosti Baxter mimořádně smrtící divoký typ ptačí chřipky, kterým byla v konečném důsledku zamořena očkovací látka proti běžné lidské chřipce, jež byla poté distribuována do šestnácti laboratoří v Rakousku, České republice, Slovinsku a Německu pod falešným označením, a tak se ptačí chřipka mohla dle hodnocení expertů a médií v minulém zimním období rozšířit na pandemii. Viry namíchané v laboratoři mohly způsobit pandemii (6. března 2009)
http://timesofindia.indiatimes.com/articleshow/4230882.cms.

Je jasné, že v této kauze Baxter lze vidět dobře rozeznatelnou vazbu mezi WHO a únikem pandemické vakciny s virem ptačí chřipky v Evropě. Podle zpráv provádí WHO vyšetřování, jež má zjistit jakou roli měly společnosti Baxter a Avir při výrobě a distribuci této látky, ale doposud nebyly veřejnosti sděleny žádné výsledky tohoto vyšetřování, ani vydána doporučení ke zpřísnění bezpečnostních pravidel pro laboratoře, které pracují s vysoce patogennímy viry ptačí chřipky. Proč?

Tvrdím, že Vaše selhání při vedení úplného a detailního vyšetřování tohoto případu, a také při zveřejnění závěrů a vydání jasných doporučení k tomu, aby se předešlo opakování takových incidentů, je nejenom selháním ve výkonu vašich povinností veřejného činitele, ale také důkaz Vaší účasti při zakrývání skutečného původce pandemického viru, jímž je právě referenční centrum WHO. V mém trestním oznámení, podaném 8. dubna vídeňské prokuratuře, obviňuji firmu Baxter, že se pokoušela úmyslně spustit pandemii s cílem vydělat na tom tím, že měla dopředu uzavřené lukrativní smlouvy na dodávku vakcin proti ptačí chřipce s rakouským ministerstvem zahraničí z roku 2006, především smlouvu uzavřenou s rakouskou ministryní zdravotnictví Marií Rauch-Kallatovou, která obsahovala dodávku 16 milion očkovacích dávek v případě, že WHO vyhlásí pandemii ptačí chřipky.

outsidermedia

Obviňuji Vás z přípravy masové vraždy! (II)

Outsider Media, 4 May 2009
https://web.archive.org/web/20090724160330/http://www.outsidermedia.cz/Obvinuji-Vas-z-masove-vrazdy-1.aspx

V Německu je povinné očkování proti ptačí chřipce, které zajišťuje vyšší zisky farmaceutickým společnostem, navíc k tomu i motivaci pro spuštění pandemie, protože by z toho tyto společnosti měly zisk. Také je to motivací pro přehnaný nátlak na členy WHO, aby vyhlásili pandemii bez patřičného důvodu. S odvoláním na zákony proti vyděračsky působícím zločineckým organizacím jsem se snažila dokázat, že do vedoucích funkcí v organizacích, jako je například WHO, byli infiltrovány zločinecké živly, které v současnosti napomáhají další kriminální činnosti, jež zahrnuje loupežné vraždy, jež jsou maskovány jako tajné programy vývoje biologických zbraní. Výsledkem takové činnosti firmy Baxter bylo, že nejméně 35 lidí v Rakousku a ČR muselo dostat preventivní ochranu proti ptačí i běžné lidské chřipce v nemocnici. To znamená, že podle profesionálního mínění zdravotnického personálu existovalo skutečné, hmatatelné a specifické ohrožení zdraví těchto osob od materiálu kontaminovaného Baxterem a WHO, takže bylo okamžitě přikročeno k podání účinných léků.

Zjistila jsem, že personál v české laboratoři, který se dostal do kontaktu se zamořenou vakcinou společnosti Baxter, a který o tom poprvé informoval 6. února, byl přemístěn do karantény. Jestliže je skutečností, že tento incident se stal jen před několika týdny, a vaše organizace je v něm zapojena tím, že dodala smrtící kmen viru ptačí chřipky a vyšetřuje tento případ, je vaší povinností uvědomit si všechny podrobnosti, obvinění ze zločinných pohnutek, argumenty i protiargumenty pro tato obvinění, protože existuje mnoho analogií k tomuto novému případu "prasečí chřipky," mimo jiné uměle vytvořená struktura a záhadné objevení se nákazy na dvou místech zároveň.

A dále, měli byste být informováni o té skutečnosti, že Baxter používá režim zabezpečení Biosafety třetího stupně, v němž je náhodná kontaminace vysoce patogenního smrtelného kmene viru ptačí chřipky, který jste jim poslali ze svého referenčního centra, s humánním virem chřipky prakticky nemožná.

Musíte také vědět o výzkumu Jeffrey K. Taubenbergera z Department of Molecular Pathology, Armed Forces Institute of Pathology (Oddělení molekulární patologie Armádního patologického ústavu), který se zabýval viry ptačí chřipky, a zvláště o jeho rekonstrukci smrtícího kmene ptačí chřipky z genetického materiálu získaného z obětí pandemie španělské chřipky v letech 1918 – 1919. Přestože mnoho vědců a nevládních organizací vydalo varování, že vzkříšení tohoto smrtícího viru je nebezpečné pro veřejnost, WHO byla jedním z největších zastánců toho, aby se pokračovalo ve výzkumu tohoto bioinženýrsky získaného viru a „protilátek" proti němu, přičemž se utratily miliony dolarů daňových poplatníků na výzkum a preventivní programy.

Musíte vědět, že loni v létě tento vědec zveřejnil ve vědeckém časopise důkaz, jenž prokazuje, že se ptačí chřipka může smísit s virem lidské chřipky v laboratorních podmínkách. Jistě také máte informace o probíhajícím vyšetřování zločinu v Polsku, v němž jde o smrt bezdomovců poté, kdy byli loni v létě naočkování doktory a zdravotními sestrami. Z těchto důvodů tvrdím, že je dostatek důkazů z veřejných zdrojů, jež ukazují, že farmaceutické společnosti, vládní organizace i další

činitelé vědomě a úmyslně vytvářejí pandemické látky virové povahy, a jak jsme viděli v minulém zimním období v Rakousku, uvolňují je do populace, a přitom se pokoušejí skrýt svoji odpovědnost.

Kdybyste Vy a WHO v tuto chvíli vyhlásili pandemii kvůli prasečí chřipce v USA, a kdyby lidé začali umírat v přímém důsledku s plošnou vakcinací, kterou zahájíte, a kdyby přitom existovaly závažné důkazy o škodách a zdravotním poškození lidí v přímé souvislosti s plošným očkováním, které jste zahájili, jak se to stalo v roce 1976, mohlo by se stát, že nebudete obviněna pouze z přípravy masové vraždy, ale z jejího uskutečnění. Kromě toho, pokud jsem byla informována, Světová zdravotnická organizace publikovala studii, posuzující hospodářský dopad pandemického viru.

Pokud Vy, jako součást tohoto úřadu pomáháte zločineckým organizacím, které ovládly vysoké státní úřady proto, aby mohly provádět své zločiny, iniciovat a poté vyhlásit pandemii, jež rozvrátí hospodářství, potom Vy, další vedoucí představitelé pracující pro WHO s úředním pověřením, i WHO sama jako organizace, by se mohli zodpovídat nejen z obvinění za trestné činy, ale také za škody vyplývající z hromadných žalob podaných nejen občany USA, ale i občany či společnostmi z celého světa, kteří zjistili, že jejich příjmy poklesly jako přímý důsledek pandemie, která byla takto rozpoutána, a také jí následujících hospodářských potíží.

Pokud dojde k vyhlášení epidemie ze strany WHO a hromadným úmrtím, která budou způsobena plošným očkováním, předpovídám situaci, že Vy a WHO budete čelit tisícům trestních oznámení a hromadných žalob. Tvrdím, že způsob, jakým jste se chovali v kauze Baxter je důkazem, že jste nejednala ve veřejném zájmu, jak Vám to ukládá funkce, kterou vykonáváte, ale ve skutečnosti jste podporovala skryté zločinné zájmy spočívající v iniciaci pandemie a zneužití jejího vyhlášení k tomu, aby byly získány politické a finanční výhody pro skupinu, kterou označuji jako Zločinný gang iluminátů (Iluminati crime gang).

Vyhlášení pandemie ze strany Světové zdravotnické organizace dává přímé politické, finanční i jiné výhody živlům v americké vládě, zvláště těm, které označuji jako Zločinný gang iluminátů, NWO, CIA a zednářů, proti nimž se připravuje stíhání za protizákonné mučení na Guantanámu, které je v rozporu s americkým i mezinárodním právem, zvláště Donalda Rumsfelda (jenž má finanční vazby na výrobce protichřipkového léku Tamiflu), Richarda Cheneyho a Alberta Gonzalese. Vyhlášení stanného práva pomůže každému obviněnému z protiprávního mučení, aby se vyhnul stíhání v USA, ačkoliv kauza probíhá ve Španělsku.

Tvrdím, že vědomě a úmyslně zneužíváte svoji úřední moc ředitelky WHO, abyste pomohla těmto iluminátům dosáhnout politických a finančních cílů. Tvrdím, že dnes existují důkazy, že úmyslně dezinformujete o nákaze prasečí chřipkou, jež údajně začala včera, abyste zveličila nebezpečí pandemie za účelem ospravedlnit plošné očkování, přičemž ignorujete a potlačujete informace, které označují takovou reakci jako neadekvátní riziku. A na závěr, Vás žádám, abyste mi do pondělí 27. dubna, do 10 hodin SEČ poskytla následující dokumentaci v podobě příloh emailu, odkazů, právních informací atd. tak, abych je mohla posoudit před tím, než podám další trestní oznámení v této věci.

Zvláště Vás žádám o to, abyste mi sama nebo prostřednictvím svých podřízených poslala:

a) Vědecké studie, o vakcinách, jež hodláte použít k plošné vakcinaci populace v USA, jež podají jasné důkazy z respektovaných vědeckých kruhů, o tom, že proběhly klinické testy, jejichž výsledky byly publikovány v prestižních vědeckých časopisech, a jež jednoznačně potvrzují jejich bezpečnost.

b) Informace o genových sekvencích prasečí chřipky, které WHO doposud zjistila u obětí nákazy v Mexiku a Spojených státech

c) Informace o tom, které společnosti nasmlouvaly s WHO dodávky vakcin proti prasečí chřipce, jejich termíny a dohodnuté podmínky, včetně garance kvality a cenových ujednání.

d) Detailní rozpis všech bezpečnostních procedur a nezávislých dobrozdání, jimiž WHO zaručuje, že veškeré očkování splňuje uznávané standardy bezpečnosti a kvality.

e) Dokumenty prokazující, že máte patřičnou pravomoc vyhlásit v případě prasečí chřipky pandemii a přinutit násilím celou populaci, aby se nechala očkovat ve formě právních ustanovení, směrnic apod.

Pošlete mi, prosím, všechny tyto dokumenty jako přílohy mailu. Pokud nestihnete pondělní termín, budu v mém podání k soudu tvrdit, že nemáte takové dokumenty. Žádám Vás, abyste se ujistila, že jste si ponechala kopii mailu, který mi pošlete, takže budete moci doložit soudu, že:

a) Máte všechna náležitá oprávnění a dokumenty

b) Držíte je v rukou dostupné pro veřejný dohled a zběžné nahlédnutí v situaci ohrožení, což je Vaší povinností veřejného činitele

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WN ANZEIGER
Das Medium für Souveräne Menschen
http://www.wnanzeiger.net/

Austrian Minister confirms Baxter investigation

Waken News, 20 May 2009
http://wakenews.net/Hinausschrift_BMG-92400_0049-I_B_8_2009_20.05.2009_Burgermeister__Jane.pdf

BUNDESMINISTERIUM FÜR GESUNDHEIT

Frau
Jane Burgermeister

jmburgermeister@gmail.com

Organisationseinheit:	BMG - I/B/8 (Kranken- und Kuranstalten, Arzneimittel-, Apotheken- und Medizinprodukterecht; Amtshaftung, Volksanwaltschaft)
Sachbearbeiter/in:	Mag. Katharina Schmiedecker
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Fax:	
Geschäftszahl:	BMG-92400/0049-I/B/8/2009
Datum:	20.05.2009
Ihr Zeichen:	

Stö805/ Jane BURGERMEISTER betr. Anzeige gg Baxter (Vogelgrippe)

Sehr geehrte Frau Burgermeister!

Das Bundesministerium für Gesundheit bestätigt den Erhalt und die Kenntnisnahme Ihres e-mails an den Herrn Bundesminister Stöger vom 26. April 2009. Ihre Anzeige bei der Staatsanwaltschaft Wien wird durch diese bearbeitet werden.

Mit freundlichen Grüßen

Für den Bundesminister:

Dr. Sylvia Füszl

Вирусология

Бизнес на пандемии

Владимир Тихомиров, Светлана Скарлош

Бизнес на пандемии.
Паника, вызванная вирусом свиного гриппа A/H1N1, обернулась колоссальными доходами для транснациональных фармацевтических гигантов

Огонек, 6-12 июля 2009, № 8, с. 44-46 // Коммерсантъ, 6 июля 2009
https://magzdb.org/file/187766/dl
https://www.kommersant.ru/doc/1194576

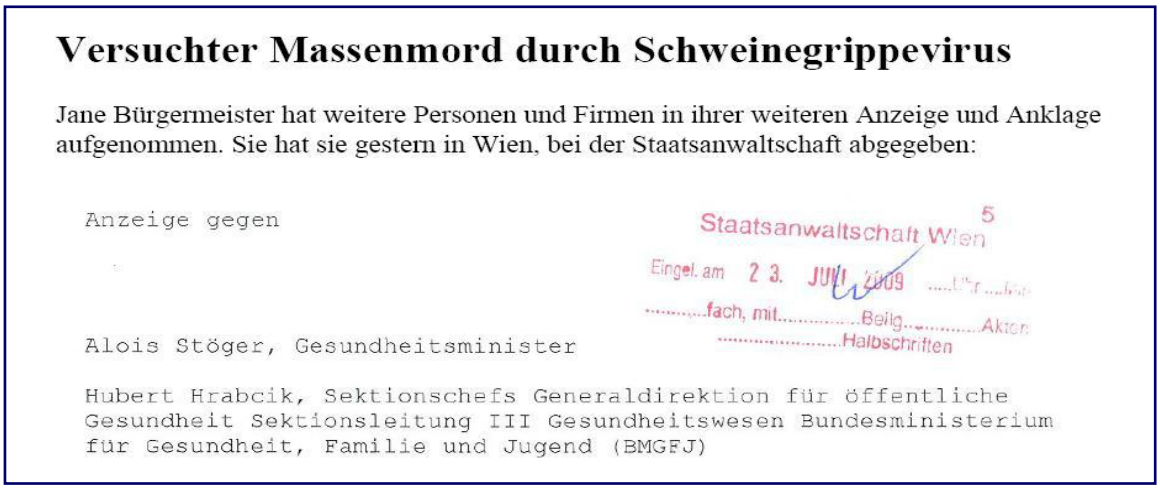
...

Baxter Pharmaceuticals Inc., связанная с Минобороны США, которая пару лет назад уже разрабатывала вакцину против птичьего гриппа, в связи с чем получила эксклюзивное право на распространение вакцины в 18 странах мира, включая Европу.

Результатом же опытов стал грандиозный скандал, когда в Австрию и Чехию для клинических испытаний пришли образцы вакцин от обычного гриппа, зараженные птичьим штаммом H5N1. Комбинация этих двух вирусов могла бы привести к появлению нового "птичьего вируса, который мог бы передаваться от человека к человеку.

И снова расследование этого инцидента было замято при помощи ВОЗ, а ответственность за загрязнение вакцины возложили на лабораторных техников, мол, они там что-то случайно напутали.

...



Versuchter Massenmord durch Schweinegrippevirus

Jane Bürgermeister hat weitere Personen und Firmen in ihrer weiteren Anzeige und Anklage aufgenommen. Sie hat sie gestern in Wien, bei der Staatsanwaltschaft abgegeben:

Anzeige gegen

Staatsanwaltschaft Wien 5
Eingel. am 23. JULI 2009 ...Uhr
...fach, mit...Beilg...Akten
...Halbschriften

Alois Stöger, Gesundheitsminister

Hubert Hrabcik, Sektionschefs Generaldirektion für öffentliche Gesundheit Sektionsleitung III Gesundheitswesen Bundesministerium für Gesundheit, Familie und Jugend (BMGFJ)

Jane Bürgermeister

Versuchter Massenmord durch Schweinegrippevirus

Wien, 23 July 2009

https://www.pdfprof.com/PDF_Image.php?idt=18733&t=32
https://docplayer.org/24523482-Versuchter-massenmord-durch-schweinegrippevirus.html

Jane Bürgermeister hat weitere Personen und Firmen in ihrer weiteren Anzeige und Anklage aufgenommen. Sie hat sie gestern in Wien, bei der Staatsanwaltschaft abgegeben:

Anzeige Gegen:

- Alois Stöger, Gesundheitsminister
- Hubert Hrabcik, Sektionschefs Generaldirektion für öffentliche Gesundheit Sektionsleitung III Gesundheitswesen Bundesministerium für Gesundheit, Familie und Jugend (BMGFJ)
- Ulrich Herzog, Obersten Veterinär und Leiter des Fachbereich IV/B Verbraucher-Gesundheit des Bundesministeriums für Gesundheit
- Maria Rauch-Kallat, Ex-Gesundheitsministerin
- Otfried Kistner, Direktor für Virologie der Firma Baxter
- Hartmut Ehrlich, Vorstand der Baxter AG
- Noel Barret, Vorstand der Baxter AG
- Harald Eisenmenger, Oberstaatsanwaltschaft Wien
- Oscar Bronner, Gründer des Nachrichtenmagazins profil
- Christian Rainer, Herausgeber und Chefredakteur des Nachrichtenmagazins profil
- Emil Bobi, Journalist des Nachrichtenmagazins profil
- Heinz-Christian Strache, FPÖ Bundesparteiobmann und Klubobmann
- Dagmar Belakowtisch-Jenewein, FPÖ Gesundheitssprecherin
- Karl Korinek, Ex-Präsident des VfGH
- Gerhart Holzinger, Präsident des VfGH
- Werner Faymann, Kanzler

Wegen dringenden Verdachts auf Entwicklung, Herstellung, Verbreitung und Einsatzes von Biologischen Massenvernichtungswaffen

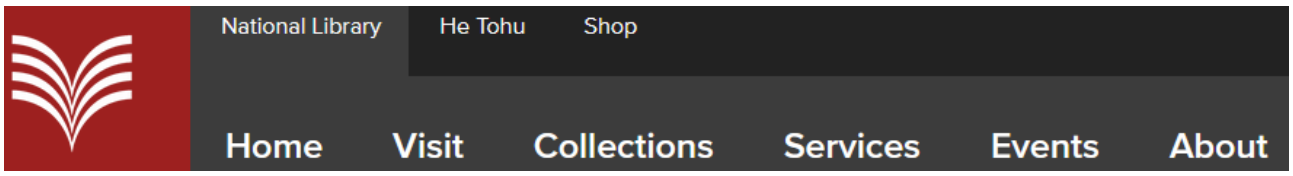
mit der Absicht eine globale Pandemie auszulösen, Massenmord durch Zwangsimpfungen mit toxischen Substanzen durchzuführen und sich dadurch zu bereichern

mit Handlungen, die gegen Gesetze bezüglich international organisierter Kriminalität und Landesverrat verstossen.

Inhalt

A. Zusammenfassung der Anklagepunkte und deren Begründungen
B. Der Sachverhalt: Zeitleiste und Hintergrundinformation
C. Diskussion

=> See the entire Document at the website =>
https://www.pdfprof.com/PDF_Image.php?idt=18733&t=32



Jane Burgermeister TV 55m Swine Flu Genocide

Project Camelot, 8 Sept 2009, MSDVD-0010
https://natlib.govt.nz/records/32041567?search%5Bpath%5D=items

Comprises 55-minute interview with Austrian-Irish journalist Jane Burgermeister filmed by Project Camelot on 8 September 2009 in Vienna, Austria. Burgermeister pressed charges against Baxter International Pharmaceuticals, World Health Organisation, United Nations, United States government, Federal Bureau of Investigation (FBI) and United States Food and Drug Administration (FDA) in relation to bioterrorism. In February 2009 Baxter's Austrian subsidary distributed live H5N1 (Avian Flu) (bird flu) vaccine to European laboratories which led to an investigation by Austrian police. Filmed by Project Camelot

Other Titles - Project Camelot Interviews...Jane Burgermeister
Accompanying material - DVD was clipped to letter by Leo Helleur and accompanied by printed print and web news articles found within folder of correspondence MS-Papers-11241-100.
Quantity: 1 digital video disc(s). 55 Minutes and seconds Duration.
Physical Description: DVD

Additional description: Original recording not available for playback. Surrogate copy will be provided.
Access restrictions: Partly restricted - Additional processing required
Part of Kedgley, Susan Jane, 1948- : Papers / Series 1 Correspondence
Format: 1 digital video disc(s), 55 Minutes and seconds Duration, DVDs, Videodiscs, DVD

eXaminer.com

Carl Herman

Live Avian flu with 60% death-rate "accidentally" put in US company's test vaccine material

eXaminer, 10 October 2009, 9:42 PM

US pharmaceutical company Baxter admitted to distributing active Avian flu H5N1 in test vaccine material that were sent to 18 laboratories in four countries. H5N1 flu is the world's deadliest, with a mortality rate of over 60% according to the World Health Organization (WHO). H5N1 "has caused the largest number of detected cases of severe disease and death in humans" of all known flu types, according to the Centers for Disease Control (CDC). While H5N1 is not highly transmittable, it was mixed with H3N2, a highly contagious form of human flu. This potential pandemic was averted in March when alert researchers discovered the equivalent of a biological weapon that could quickly kill over two billion people, according to published data in *American Scientist*, a leading journal. An August 2009 analysis in the *Journal of Virology*, "Reassortment between Avian H5N1 and Human H3N2 Influenza Viruses in Ferrets: a Public Health Risk Assessment," confirms that the mix of H5N1 and H3N2 did indeed combine the two into a form that could be as deadly as H5N1 and as transmittable as H3N2.

Baxter Manager of Communications, Jutta Brenn-Vogt, at Baxter Deutschland stated the vaccine component was "experimental virus material."

Most Americans are unaware of this story, as mainstream media largely failed to report it (see here, here and here).

Experts stated that contamination of vaccines with live virus is impossible through an accident because of strict BSL3 protocol (Biosafety level 3). Pathogenic and potentially lethal agents are always contained and fully supervised. This means that either BSL3 protection was ignored by Baxter, or that "vaccines" were created as lethal biological weapons.

Our US government's response was to quickly grant immunity to vaccine manufacturers and related government officials from any lawsuits for damages. Health and Human Services Secretary Kathleen Sebelius is repeatedly calling on Americans to take the current version of the vaccine, promising it to be "safe and secure." The World Health Organization declared a "Level 6 pandemic" in June which allows governments to use martial law with deadly force in requiring total public vaccinations (and here). The US is in treaty obligation to obey WHO if they order universal vaccination.

Legal and medical professionals have taken the above information and composed a criminal complaint available to everyone to request protection from local courts if forced vaccinations are ordered. In surveys, less than half of American, Canadian, and UK health care workers will accept the vaccine, and only about one-third of US parents plan to vaccinate their children.

Below is 2-minute video and then an extensive interview with Jane Burgermeister, a medical editor with academic training in biosafety who explains why an accident in handling H5N1 is impossible, and that this was a biological attack. She also explains that this new flu scare is a continuation of that plan. The most popular hypothesis to explain this event as an intentional attack is agreement among the highest level of government and economic leaders to massively reduce earth's population. The source of the interview is Project Camelot.

Swine flu vaccines contaminated with avian (bird) flu.

Polish TV (TVN), 11 November 2009
https://www.youtube.com/watch?v=VX6p-sbbnKs

Nur für Besucher
Baxter
We turned to Baxter company for some answers.
Baxter limited itself to writen statement that was
sent to us, in which we read among others:

This is a 5 minute material from a TV show called "Teraz my" ("Now us") broadcasted on 9/11/2009 on biggest Polish private station TVN. The program is very respected and has very large audience so this is real mass media in Poland, I mean total mainstream media.

The hosts invited current Polish Health Minister Ewa Kopacz (against the flu), and former Polish Health Minister Marek Balicki.

He kept on saying actually one thing: "but WHO and EMA recommended it, are you trying to be smarter and jeopardize health of millions of Poles?"

Current Minister kept bringing up the issues stated in her appearance in Polish Parliament, you can watch it here: RE: Polish Health ...

Former Minister is either naive or full of shit and made a fool of himself the way he behaved, and she came out really good with the message.

The hosts ended the show with a conclusion that the doubts are very reasonable and that it is disturbing how big pharma and big politics are making big shady businesses above our heads.

It starts becoming a public subject now and it looks really good folks!

УКРАЇНСЬКА ПРАВДА

Артем Петренко

Пандемия – природный процесс или заговор?

Українська Правда, 12 ноября 2009, 12:50
https://blogs.pravda.com.ua/authors/petrenko/4afbe87ab2169/

...

В СМИ появилась информация, о том, что якобы в феврале 2009 года австрийская компания – дистрибьютор лекарств "Орта" отправила в Чехию, Словению и Германию партию противогриппозной вакцины, произведенной американской компанией "Бакстер". Лаборант чешской фармацевтической компании "Биотест" проверил американскую вакцину на лабораторных хорьках. Все животные погибли. При анализе вакцины выяснилось, что она содержит в себе живой (активный) "птичий" вирус H5N1 и человеческий – H3N2. Более детальные исследования канадской химлабораторией показали, что компонент H5N1 является чрезвычайно опасным. Именно от такого вируса "птичьего гриппа" гибли люди в разных уголках мира.

На запрос канадских журналистов компания "*Baxter Pharmaseutical International, Inc*.", главный офис которой находится в Дирфильде, штат Иллинойс, отрицала факт своего причастия инциденту. Но под давлением европейских стран вынуждена была признать, что вакцина была разработана в ее лабораториях, однако заражение вакцины вирусом H5N1 могло быть только случайной ошибкой. "Экспериментальный материал был подготовлен специально для лабораторных исследований, не был использован для производства вакцин и не был предназначен для использования на людях", – заявил представитель "Baxter".

Конспирологи успели вписать этот факт в общую теорию заговора против человечества.

Например, в расследовании этого случая участвовала и австрийская журналистка Жане Бургермейстер. В апреле она подала на компанию "Бакстер" иск в австрийский суд. По ее словам, после этого она была уволена с работы. Журналистка открыла специальный сайт www.theflucase.com, где собирает всю информацию о пандемическом заговоре "мировой закулисы". Она утверждает, что это спланированная акция с целью заразить вирусом с помощью вакцинации множество людей по всему миру. Будто конечная цель – после введения чрезвычайного положения, способствовать установлению нового мирового порядка. Якобы ВОЗ подконтрольна организаторам заговора.

Но этот и предыдущие скандалы вокруг этой фирмы не сказались на работе над вакциной против "калифорнийского" гриппа.

...

الخوجة

Swine flu vaccines contaminated with avian (bird) flu
Producer admits on Polish TV
الخنازير لقاح جريمة

Alkoga.Blogspot, 12 November 2009
https://www.youtube.com/watch?v=VX6p-sbbnKs
https://web.archive.org/web/20091116203234/http://alkoga.blogspot.com/2009/11/swine-flu-vaccines-contaminated-with.html

حرية عندنا حاجة كل عندنا الاشاوس العربية بالمنطقة هنا بس احنا امامك جوجل ويشوف يعرف عاوز اللى كلمة ولا اترجم لن روعه واعلامنا لا ومحللين منتجين احنا وفاهمة متخصصة العربية والمخابرات صادقين والوزراء فاضية الرأى والسجون التعبير مهتم الكل وساق قدم على .

Swine flu vaccines contaminated with avian (bird) flu.
Producer admits on Polish TV

كداب والكل الصادق هو يبقى قلة ودماغنا فلة احنا ويقول يطلع الوزير لما
لك انتج نوع اى والانكت لا شغالة اللى هى الشعر وازالة والولادة النساء مستشفيات مش اليهم بيوحى
اللقاح من نوع اى
كندا زى لك انتج يامعلم
الفلوس بس ولا ونهار ليل بيتابع الوزارة فى عندك حد

This is a 5 minute material from a TV show called "Teraz my" ("Now us") broadcasted on 9/11/2009 on biggest Polish private station TVN. The program is very respected and has very large audience so this is real mass media in Poland, I mean total mainstream media.

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Former Minister is either naive or full of shit and made a fool of himself the way he behaved, and she came out really good with the message.

The hosts ended the show with a conclusion that the doubts are very reasonable and that it is disturbing how big pharma and big politics are making big shady businesses above our heads.

It starts becoming a public subject now and it looks really good folks!

If you really really want to watch all of it, comment or write me a msg and I'll see what I can do for ya :)

اوروبا فى تعبير حرية عندها هناك الناس
160 على اتجرب تطعيم احضار مجرد ان متصورين هنا والحلنجية الكدابين لكن
الفضيحة شوفوا كفاية واحد 700 او
شعوبكم دماء على وارقصوا

the scandle of swine flu vaccine -
شىء عن ماندرى واحنا الخنازير انفلونزا لقاح فضيحة

القاعدة اختراع زى البشرية ضد كاملة جريمة انها

AHRCANUM

Baxter Flu Vaccine Contaminated, TV Investigative Report

Ahrcanum, 13 November 2009
https://ahrcanum.com/2009/11/13/baxter-flu-vaccines-contaminated-tv-report/
https://www.youtube.com/watch?v=VX6p-sbbnKs

Baxter Pharmaceutical, makers of H1N1 Swine Flu Vaccines has admitted that they were involved with contaminating vaccines, a **Polish television station has reported**. In May 2009, we reported:

Swine flu vaccines contaminated with avian (bird) flu. Producer admits on Polish TV (TVN).

https://www.youtube.com/watch?v=VX6p-sbbnKs

Baxter sent vaccines contaminated with deadly live H5N1 avian flu virus to 18 countries before someone caught the mistake and the vaccine got injected thousands of people. Baxter just missed creating its own pandemic then by mixing deadly H5N1 virus with a mix of H3N2 seasonal flu viruses, or did they? By possibly creating the pandemic, maybe Baxter already has the cure and that is why WHO has deemed them the appropriate pharmaceutical company to lead the way for a swine flu vaccine. Keep in mind- Just 50 miles from the H1N1 ground zero outbreak in Mexico City, lies Baxter's manufacturing plant in Cuernavaca, Mexico.

Is the H1N1 Swine Flu the excuse that pharmaceutical companies needed to sell vaccines that were patented well before the outbreak occurred? Like Sarah Palin, we might say, "You Betcha." The rush for approval based on previous manufacturing process is nothing short of a ploy for the probability that it is a weapon for population reduction. Targeting pregnant women and young children first, they are being injected with toxic laden chemicals including spermicides to inhibit future fertility.

...

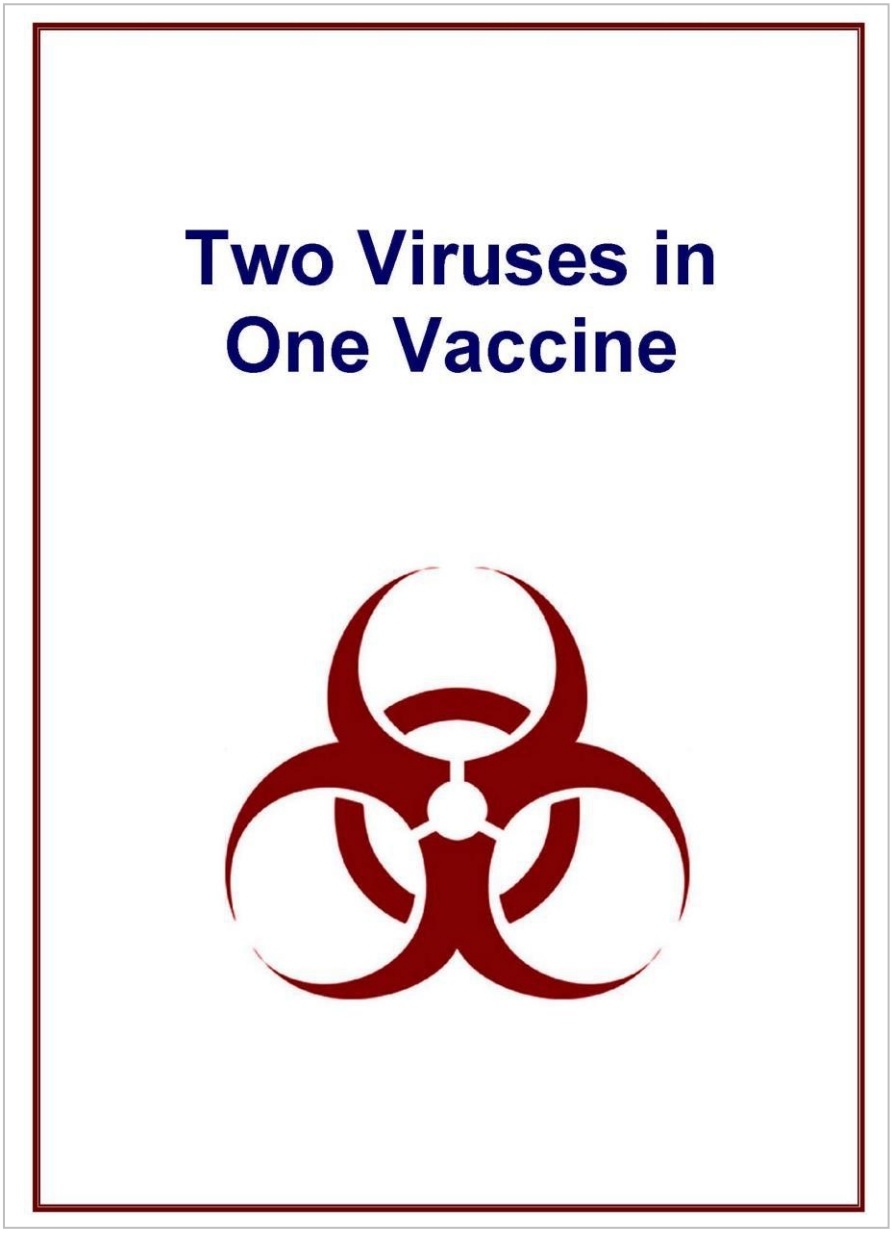
Likely no press in the U.S. will ever investigate or make the connections that we have tried to make, and authenticate here at Ahrcanum. Sad to see Lou Dobbs go, he would have been the one person left who could have presented this to the American people. Jane Burgermeister's claim to Austrian authorities regarding a vaccine 'conspiracy' has been apparently dismissed. What is not so easily dismissed, is that citizens from Poland to the four corners of the world are beginning to take notice and refuse to vaccinate. Funny how all the vaccine manufactures are immune from lawsuits in the U.S.

ResearchGate

Mikhail Teppone

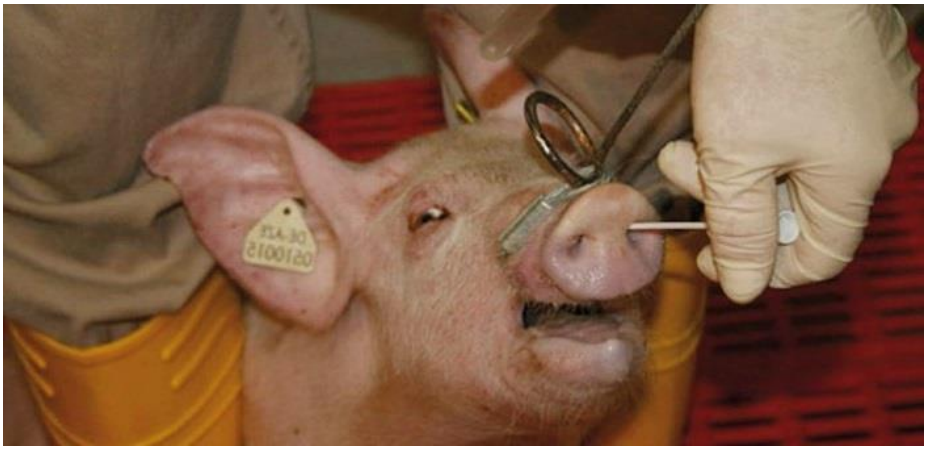
Two Viruses in One Vaccine:
A Collection of articles, documents, news, and remarks
on the history of the vaccine against seasonal flu which contained live avian flu viruses

March-July, 2023, 381 pages. DOI: 10.13140/RG.2.2.14169.60009/2
https://www.researchgate.net/publication/369365605_Two_Viruses_in_One_Vaccine
https://archive.org/details/collection-bird-fluvirus-vaccine

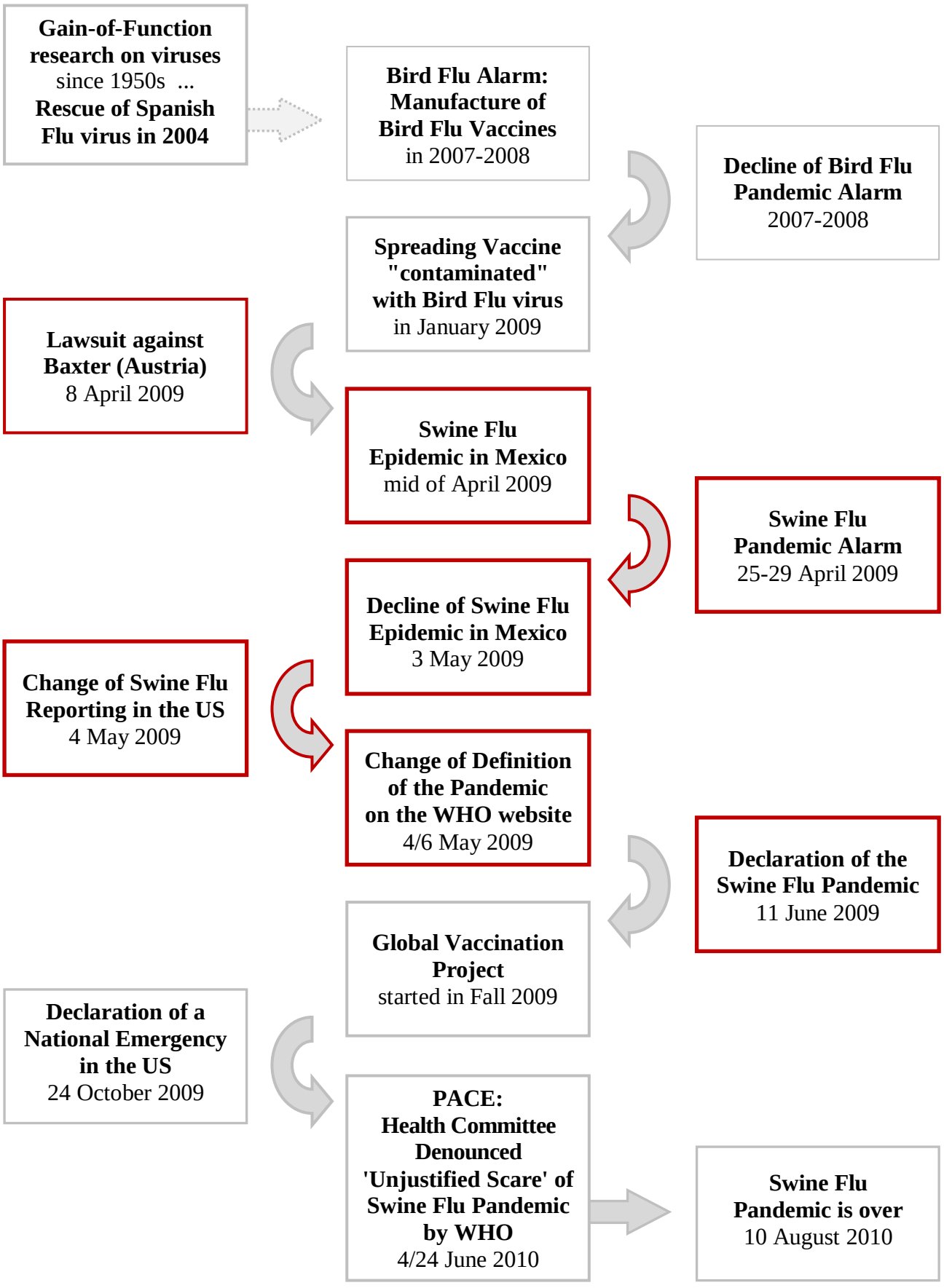


Part 5

Chronology of the Swine Flu Pandemic (January - June 2009)



Roadmap
of the Swine Flu Pandemic


Gain-of-Function research on viruses since 1950s ... Rescue of Spanish Flu virus in 2004
Bird Flu Alarm: Manufacture of Bird Flu Vaccines in 2007-2008
Decline of Bird Flu Pandemic Alarm 2007-2008
Spreading Vaccine "contaminated" with Bird Flu virus in January 2009
Lawsuit against Baxter (Austria) 8 April 2009
Swine Flu Epidemic in Mexico mid of April 2009
Swine Flu Pandemic Alarm 25-29 April 2009
Decline of Swine Flu Epidemic in Mexico 3 May 2009
Change of Swine Flu Reporting in the US 4 May 2009
Change of Definition of the Pandemic on the WHO website 4/6 May 2009
Declaration of the Swine Flu Pandemic 11 June 2009
Global Vaccination Project started in Fall 2009
Declaration of a National Emergency in the US 24 October 2009
PACE: Health Committee Denounced 'Unjustified Scare' of Swine Flu Pandemic by WHO 4/24 June 2010
Swine Flu Pandemic is over 10 August 2010

Le Parisien

Un QG pour faire face aux crises sanitaires

Le Parisien, 16 janvier 2009 à 07h00
https://www.leparisien.fr/seine-saint-denis-93/saint-denis-93200/un-qg-pour-faire-face-aux-crises-sanitaires-16-01-2009-375348.php

C'est un lieu hautement stratégique qui s'est discrètement installé fin décembre à Saint-Denis, à deux pas du Stade de France. Son nom : l'Eprus pour Etablissement de préparation et de réponse aux urgences sanitaires. Créée en 2007 et auparavant implantée à Paris (VI e), cette agence de 700 m 2 regroupe 31 salariés qui ont reçu hier matin la visite de la ministre de la Santé, Roselyne Bachelot. «Je suis ravie de voir enfin l'Eprus installée dans des locaux adaptés, avec une équipe motivée», s'est réjouie la ministre au terme d'un bref échange avec le personnel.

Pandémie, tsunami, attentatsâ?¦

De la motivation, l'Eprus en aura besoin en cette année 2009 qui s'annonce chargée. «Notre rôle est de devenir une plaque tournante qui permettra de fournir les pouvoirs publics en moyens humains et matériels en cas de crise sanitaire grave ou de problèmes plus ponctuels», résume Thierry Coudert, directeur général de l'Eprus depuis octobre. Pandémie grippale, tsunami, attentats terroristes, dengue: le «pool de professionnels de la santé» de l'Eprus interviendra en cas de situations exceptionnelles impliquant un risque de désorganisation du système de soins en France et à l'étranger.

Selon Thierry Coudert, le «chantier de 2009» est de recenser et de vérifier la qualité des médicaments, vaccins et masques actuellement en stock (voir notre édition nationale d'hier). Mais aussi de recruter une «réserve sanitaire», un vivier de 1 500 volontaires mobilisables immédiatement (voir encadré), de couvrir juridiquement et servir d'agence de voyages. «L'idée est de réagir le plus vite possible aux sollicitations», insiste Thierry Coudert.

Par ailleurs, l'Eprus devrait acquérir cette année le statut d'établissement pharmaceutique qui lui permettra de stocker les médicaments sur différents sites tenus secrets en France, mais aussi de sous-traiter leur fabrication en cas de besoin. Lors des attaques terroristes de Bombay en décembre, l'Eprus a déjà envoyé une mission composée de cinq médecins, deux psychologues et deux convoyeurs. Elle pourrait intervenir très rapidement à Gaza, dans les territoires palestiniens, où un manque de chirurgiens a récemment été signalé.

govtrack

H.R. 645 (111th): National Emergency Centers Establishment Act

GovTrack, 22 January 2009
https://www.govtrack.us/congress/bills/111/hr645/text
https://www.govinfo.gov/content/pkg/BILLS-111hr645ih/pdf/BILLS-111hr645ih.pdf

111TH CONGRESS
1ST SESSION

H. R. 645

To direct the Secretary of Homeland Security to establish national emergency centers on military installations.

IN THE HOUSE OF REPRESENTATIVES

JANUARY 22, 2009

Mr. HASTINGS of Florida introduced the following bill; which was referred to the Committee on Transportation and Infrastructure, and in addition to the Committee on Armed Services, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

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A BILL

To direct the Secretary of Homeland Security to establish national emergency centers on military installations.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "National Emergency Centers Establishment Act".

SEC. 2. ESTABLISHMENT OF NATIONAL EMERGENCY CENTERS.

(a) IN GENERAL.—In accordance with the requirements of this Act, the Secretary of Homeland Security

ALEX JONES' INFOWARS.COM BECAUSE THERE IS A WAR ON FOR YOUR MIND

Paul Joseph Watson

New Legislation Authorizes FEMA Camps In U.S.

Info Wars // Prison Planet, 27 January 2009
https://web.archive.org/web/20090202081315/http://www.infowars.com/new-legislation-authorizes-fema-camps-in-us/

A new bill introduced in Congress authorizes the Department of Homeland Security to set up a network of FEMA camp facilities to be used to house U.S. citizens in the event of a national emergency.

The National Emergency Centers Act or HR 645 mandates the establishment of "national emergency centers" to be located on military installations for the purpose of to providing "temporary housing, medical, and humanitarian assistance to individuals and families dislocated due to an emergency or major disaster," according to the bill.

The legislation also states that the camps will be used to "provide centralized locations to improve the coordination of preparedness, response, and recovery efforts of government, private, and not-for-profit entities and faith-based organizations".

Ominously, the bill also states that the camps can be used to "meet other appropriate needs, as determined by the Secretary of Homeland Security," an open ended mandate which many fear could mean the forced detention of American citizens in the event of widespread rioting after a national emergency or total economic collapse.

Many credible forecasters have predicted riots and rebellions in America that will dwarf those already witnessed in countries like Iceland and Greece.

With active duty military personnel already being stationed inside the U.S. under Northcom, partly for purposes of "crowd control," fears that Americans could be incarcerated in detainment camps are all too real.

The bill mandates that six separate facilities be established in different Federal Emergency Management Agency Regions (FEMA) throughout the country.

The camps will double up as "command and control" centers that will also house a "24/7 operations watch center" as well as training facilities for Federal, State, and local first responders.

The bill also contains language that will authorize camps to be established within closed or already operating military bases around the country.

As we have previously highlighted, in early 2006 Halliburton subsidiary Kellogg, Brown and Root was awarded a $385 million dollar contract by Homeland Security to construct detention and processing facilities in the event of a national emergency.

The language of the preamble to the agreement veils the program with talk of temporary migrant holding centers, but it is made clear that the camps would also be used "as the development of a plan to react to a national emergency."

As far back as 2002, FEMA sought bids from major real estate and engineering firms to construct giant internment facilities in the case of a chemical, biological or nuclear attack or a natural disaster.

A much discussed and circulated report, the Pentagon's Civilian Inmate Labor Program, was more recently updated and the revision details a "template for developing agreements" between the Army and corrections facilities for the use of civilian inmate labor on Army installations."

Alex Jones has attended numerous military urban warfare training drills across the US where role players were used to simulate arresting American citizens and taking them to internment camps.

Read the new legislation in full below. ...

National Emergency Centers Establishment Act (Introduced in House)
HR 645 IH
111th CONGRESS
1st Session
H. R. 645
To direct the Secretary of Homeland Security to establish national emergency centers on military installations.

In The House Of Representatives

January 22, 2009
Mr. HASTINGS of Florida introduced the following bill; which was referred to the Committee on Transportation and Infrastructure, and in addition to the Committee on Armed Services, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

=> see the previous publication, 22 January 2009.

govtrack

H.R. 996 (111th):
To Temporarily Exempt Certain Public and Private Development Projects from any requirement for a review, statement, or analysis under the National Environmental Policy Act of 1969 (42 U.S.C. 4321 et seq.), and for other purposes

GovTrack, 11 February 2009
https://www.govtrack.us/congress/bills/111/hr996/text
https://www.govinfo.gov/content/pkg/BILLS-111hr996ih/pdf/BILLS-111hr996ih.pdf

111TH CONGRESS
1ST SESSION

H. R. 996

To temporarily exempt certain public and private development projects from any requirement for a review, statement, or analysis under the National Environmental Policy Act of 1969 (42 U.S.C. 4321 et seq.), and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 11, 2009

Mr. NUNES (for himself and Mr. MCCARTHY of California) introduced the following bill; which was referred to the Committee on Natural Resources, and in addition to the Committee on the Judiciary, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

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A BILL

To temporarily exempt certain public and private development projects from any requirement for a review, statement, or analysis under the National Environmental Policy Act of 1969 (42 U.S.C. 4321 et seq.), and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

World Health Organization

WHO Immunization Funding Shortfalls
4th Global Immunization Meeting

New York, 17-19 February 200936

https://web.archive.org/web/20090328102937/http://www.who.int/immunization/funding/en/index.html
https://centerforvaccineethicsandpolicy.net/2009/03/09/who-immunization-funding-shortfalls-4th-global-immunization-meeting-new-york-17-19-february-2009/

WHO summarized presentations made at the 4th Global Immunization Meeting, held in New York, 17-19 February 2009, focused on funding shortfalls in WHO's current annual budget for immunization. The budget is about US$140 million, and main contributors to the 2008-09 budget include:

- the Bill & Melinda Gates Foundation;
- the GAVI Alliance;
- the governments and aid agencies of Canada and the United States of America;
- Johns Hopkins University;
- the Measles Partnership;
- PATH; and
- UNICEF.

During recent years, direct financial support for WHO's immunization work has decreased, with "increasing specificity of funds." The projected budget required for 2010-11 is US$210 million. Of this amount, there is a funding gap of US$109 million, or 52%. Since 2002, on average only 80% of WHO's immunization budget has been met each year. This has "led to challenges in fulfilling core functions in the area of immunization."

In 2007-2008, "various critical activities were not implemented due to the persistence of funding gaps. Updated recommendations for the production, control and evaluation of a number of existing vaccines could not be developed, resulting in a subsequent delay in their prequalification and a potential shortage in their availability. Funding gaps also impacted the evaluation of pneumococcal vaccines as well as the provision of technical support to countries, particularly in the WHO African Region."

The structure of WHO's immunization budget "has become such that today donors providing direct support are committed, but few in number, with the funds that they provide highly specified, leaving little flexibility. These factors do not allow WHO to allocate resources for immunization optimally and are impacting upon WHO's ability to deliver on its global immunization mandate. Increased direct, flexible funding from a greater number of donors would improve WHO's ability to deliver on core immunization functions."

=> see also:

GAVI Alliance welcomes US$ 75 million contribution from the United States. – GAVI, Washington DC, 23 March 2009.
https://web.archive.org/web/20091007025128/http://www.gavialliance.org/media_centre/statements/25_03_09__75_million_contribution_from_the_US.php

REUTERS

Laura MacInnis, Debra Sherman

European lab accidents raise biosecurity concerns

Reuters, 20 March 2009
https://www.reuters.com/article/idUSLJ556939

* Bird flu and Ebola virus accidents raise biosecurity fears
* European states urged to improve lab accident disclosure
* Northern Europe reports most lab-acquired infections

Geneva/Chicago, March 19 (Reuters) - Lab accidents involving bird flu and Ebola viruses have increased biosecurity fears in Europe, where public health experts say research on dangerous pathogens needs to be more strictly monitored.

A scientist in Germany last week pricked herself with a needle that was believed to be contaminated with a strain of the Ebola haemorrhagic virus with a mortality rate of around 90 percent. She is still under observation in hospital.

That accident added to public health concerns following the recent disclosure that deadly H5N1 bird flu virus samples were mixed with seasonal flu samples at a Baxter International

BAX.N
Contracted laboratory in Austria.

Health authorities and industry groups reviewing European lab safety standards concluded in a new report that scientists and managers needed to be better trained in ways to prevent, handle and report such incidents.

While stressing that research on viruses and pathogens is important for vaccine, drug and diagnostic development, the group Biosafety Europe said "it also represents a risk to the population in case those organisms may spread in the environment due to a laboratory accident, poor laboratory practices or intentional removal and subsequent release (terrorist attack)."

"Adequate technical and physical containment measures and best biosafety and biosecurity practices must be implemented in those facilities to prevent accidental or intentional release of dangerous pathogens," it said in the recommendations, published on www.biosafety-europe.eu/FinalConsiderations_PDFs.html

Security experts say viruses and other biological agents could be used as weapons, as occurred in 2001 in the United States when envelopes containing anthrax were sent to media outlets and U.S. lawmakers, kiling five people.

HUMAN ERROR

Baxter spokesman Chris Bona said the Illinois-based company learned in February about the H5N1 contamination, which was due to "a combination of process, technical and human error."

The flu virus samples were meant only for testing and not vaccine or product development, according to the spokesman, who said Baxter has "put corrective measures in place" after the accident but declined to give details "for proprietary reasons."

All 37 people exposed to the mixture at subcontractor sites in Germany, the Czech Republic and Slovenia, and at AVIR Greenhills Biotechnology, an Austrian company that bought the samples, tested negative for H5N1 bird flu, Bona said.

The World Health Organisation (WHO) fears that virus, which has killed 256 people since 2003, could trigger a deadly flu pandemic if it mutates and starts to spread more easily.

Biosafety Europe's project coordinator Kathrin Summermatter said that better training and more collaboration on safety standards could help reduce pathogen risks in European labs.

"We found that even though there are European guidelines concerning biosafety, the awareness, the implementation and the control was not the same in the different European countries," she told Reuters by email.

The group's report, compiled before the recent bird flu and Ebola accidents, said that Northern European countries disclosed more laboratory-acquired infections than other parts of Europe, "which in part may reflect reporting differences."

Summermatter said greater transparency about incidents that do occur was essential to help identify and reduce risks: "It is important to learn from the experience of other laboratories."

www.JimmyOnTheSpot.com

Jimm Motyka

Signs Pointing to a Pandemic Outbreak in Ohio

Jimmy on the Spot, 29 March 2009
https://web.archive.org/web/20090402041501/http://www.jimmyonthespot.com/OH_pandemic.html

JimmyOnTheSpot.com (JOTS) has learned some pretty startling info, which can be validated by our sources and appended links, regarding a possible pandemic outbreak. The info was vetted and everything appears to be pointing to the possibility to northeast Ohio being a possible launching pad for a pandemic as early as this April 29th.

In February of this year, we were informed about pandemic training occurring at First Energy in Akron, Ohio. This would not have seemed a big deal, since we're aware of pandemic training (namely for bird flu) being common at some corporations. What raised our flags about this training was the fact that we were informed that First Energy was touting that they had the vaccine for the "possible" outbreak, for the employees and for the family members of the employees. Certainly, it caused raised eyebrows when this was learned, not only to us, but also the source who was disclosing this information. The power point presentation of the February meeting is included here. =>
https://web.archive.org/web/20090407142033/http://www.jimmyonthespot.com/Pandemic_Training_Materials.ppt

The unsettling questions remained. When is the pandemic outbreak to occur, which First Energy already has procured enough vaccinations for its employees and employees' families? How could they be certain of a pandemic and who was giving the information that this is going to occur? And which pandemic did they happen to purchase the vaccine for?

We were updated on the info about the First Energy pandemic training, this past week. According to the same source, First Energy is expected to meet with 1200 employees, over the next two weeks, gathering medical info about them. We also know that First Energy is "encouraging" its employees to get the vaccination that's to be offered to them. This source has told me that some employees already commented that theyould quit first, before they would give up any medical information and take the vaccine. JOTS would encourage the employees who do choose to leave First Energy to contact us and fill us in further on First Energy's pandemic plans.

The next question is how did JOTS come across the possible launch date for a pandemic in Ohio?

We did some investigating, regarding information on Obama's mandatory service proposal (which was making its way through the House and Senate last week, passing overwhelmingly in both). The rabbit trail led to how Ohio is going to be tied into this mandatory civilian service. It made us recall a commercial that's been running on local TV, regarding joining the Ohio Citizen Corps. The commercials encourage volunteers to sign up, to help in times of disasters and civil emergencies, citing 9/11 in the commercial as a reason to "volunteer".

We believe it was nothing short of an act of God that led us to the following info. While trying to find more info about the Ohio Citizen Corps, we ran across a training and exercise session to be occurring in Summit County in April (which is the county First Energy's Akron headquarters is located). Digging further brought us to the following link, which mentions FEMA classes being held locally and a training exercise to follow. Listed under the training area of the link, volunteers are encouraged to take FEMA courses ICS 100 and ICS 700, both which are linked into the medical training area of the FEMA site.

The most telling item on the site was the fact that FEMA was asking for 200 "victims" for an exercise that is to occur on April 29th. History has shown that exercises can turn into the real event, as recalled on 9/11, theLondon bombing, and the Madrid train bombing (to cite a few). Each time the mainstream media is "amazed" that the emergency response teams were in those areas, running exercises for the exact event that was occurring.

We backtracked and noticed that the FEMA training was going to occur at the Church in Green (local mega church). Ohio has had it's share of Christians kowtowing to government and this has the appearance of another example. For those who are unaware, Clergy Response Teams (set up, in cooperation with FEMA) have been put in place to "quell dissent" during national emergencies and disasters. After the 2008 Presidential election, there's an incident of an Assembly of God church (in Ohio) was telling its congregation to submit to Obama and the government. In both cases, the pastors and clergy present a twist on Romans 13, where they commonly state that submitting to government is a Christian thing to do and that Christians should lead the way in submission.

When asked about FEMA coming into the Chapel in Green (for training), the pastor responded to a concerned church-goer (paraphrase) that "it's no different than working with Red Cross". The major difference is that the Red Cross is not a federal agency, whereas FEMA is. So, apparently no one is having a problem with the infamous argument about the separation of church and state issue, that's commonly debated.

Will anything happen in Ohio in April? The only thing we are assured of is FEMA needing 200 "victims" for a training exercise on the 29th, and another Ohio church allowing the blurring of lines between church and state. As for the pandemic in Ohio? We'll have to wait and see what First Energy's next move is.

Meanwhile, JOTS wishes everyone the best. As a side note, we appreciate Alex (Jones) and everyone at PrisonPlanet.com for posting the original story about the church in Ohio and Romans 13. JOTS has a direct connection to the story reported by Prison Planet and will be including additional information (in a future article) about the actual sermon of submittal to government. And of course, thanks to you, our readers.

The PoliceChief
The Professional Voice of Law Enforcement
March 2009
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QUARANTINES
The Law Enforcement Role

The Police Chief Magazine, March 2009 // 2006
from The Police Chief, 2006, 73(2)
https://www.policechiefmagazine.org/quarantines-the-law-enforcement-role/
https://web.archive.org/web/20090325234959/http://policechiefmagazine.org/magazine/index.cfm?fuseaction=display_arch&article_id=807&issue_id=22006

Should the United States, or any portion of it, have to resort to large-scale quarantines to contain the spread of disease, it seems certain that state and local police will be deeply involved in any such effort. The military is accomplished at lo-gistical undertakings and may be best suited for such things as the delivery of food, water, medical supplies and related items. Although the military and other federal entities such as FEMA will presumably play a major part in any broad quarantine program, state and local law enforcement agencies will play a critical role as well, particularly in the early stages of the emergency while other resources are being mobilized and brought on line. This role will present a monumental challenge to state and local law enforcement agencies, for they will face daunting personnel and logistical problems as they strive to fulfill the duties and responsibilities placed upon them by federal, state, and local law.

Indeed, quarantines of any significance are outside the experience of law enforcement agencies in the United States. The last large scale quarantine in the United States was imposed almost 90 years ago during the 1918 Spanish flu pandemic. Internationally, the SARS epidemic, or severe acute respiratory syndrome, was confronted by quarantines in China, Hong Kong, and Singapore. There, "police surrounded and cordoned off buildings, set up checkpoints on roads into and out of areas where the disease had been discovered, installed Web cameras in people's homes, blocked off whole villages, and even threatened to execute anyone who broke quarantine".[1] The less draconian response in Canada, in which people were asked to voluntarily quarantine themselves in their homes while being supplied with essential supplies, was generally effective and would be more in line with any quarantine that may be imposed in the United States. Nonetheless, President George Bush's suggestion in early October 2005 that the military may be used to enforce a quarantine opens the door to speculation about the tactics and operational protocols that may be under consideration at the federal level.

The president is not the only high ranking authority discussing the potential use of quarantines. Julie Gerberding, director of the Centers for Disease Control and Pre-vention (CDC), on October 5, 2005 re-marked in an interview that the military or National Guard might be summoned to maintain civil order in the "context of scarce resources or an overwhelming epidemic".[2] The mention of scarce resources was brought into greater relief on Novem-ber 20, 2005, when Mike Leavitt, secretary of the Department of Health and Human Services (DHHS), declared that the United States is unprepared for the next flu pandemic, lacking the manufacturing capacity to provide 300 million doses of a vaccine for three to five more years.

One of the problems with discussions of quarantines is definition of the term. In the case of the president's statement, did he mean, for example, "gathering those exposed to flu in a single location and forcing them to stay there? Did he mean isolating them in their homes? Cordoning off whole communities where cases crop up? Not all quarantines are alike: each carries its own risks and benefits".[3] Not all communicable diseases are equally amenable to control by means of quarantine.

In its traditional sense and the manner in which [the summer/fall 2005] issue of Policy Review speaks of "quarantine," the term means "the compulsory physical separation, including restriction of movement, of populations or groups of healthy people who have been potentially exposed to a contagious disease, or to efforts to segregate these persons within specified geographic areas".[4] Quarantine is not an interchangeable term with "isolation," which means the separation and confinement of individuals who are suspected of being infected so that they may not transmit the disease to others. Attempts to control contagious diseases may use one or both of these approaches but it is important to separate the meaning of these terms and the approaches that may be required to enforce them.

Careful, detailed, and well-informed planning is essential if state and local agencies are to fulfill this extremely difficult yet critical role. Speaking to this point and the potential for a bird flu pandemic, Dr. Anthony Fauci, director of the Nation-al Institute of Allergy and Infectious Diseases (NIAID), a division of the National Institutes of Health (NIH), said "We can't put a number on how probable that's [a pandemic] going to be. It's a low probability. When the consequences are unimaginable, you must assume the worst-case scenario".[5]

Planning is certainly essential, for either a quarantine or isolation in response to a flu epidemic or a biological attack. There are several aspects of a potential quarantine scenario that local police executives, managers, and supervisors will have to consider as they make plans for such an eventuality.

Legal Authority

The first issue that local law enforce-ment planners must address is the question of their legal authority in a quarantine situation.

Throughout U.S. history, a conflict has existed between the Constitution's guarantees of personal and property rights and the power of the state to act to protect public health. Although the courts have historically given deference to the state's authority in such matters, many of these cases have involved the quarantine of animals, fowl, or agricultural products. Few of these court decisions have addressed the issue of human quarantine, and those that do often have tended to limit the state's power rather than enhancing or clarifying it.6

But it is probable that in the event of a sig-nificant emergency requiring quarantine of portions of an area's population, most courts would find authority for such actions in both federal and state constitutions.

Federal law, in 42 U.S.C. 264(a), gives the surgeon general the power to act to con-trol the spread of communicable disease:

The Surgeon General, with the approval of the Secretary, is authorized to make and enforce such regulations as in his judgment are necessary to prevent the introduction, transmission, or spread of communicable diseases from foreign countries into the States or possessions, or from one State or possession into any other State or possession. For purposes of carrying out and enforcing such regulations, the Surgeon General may provide for such inspection, fumigation, disinfection, sanitation, pest extermi-nation, destruction of animals or articles found to be so infected or contaminated as to be sources of dangerous infection to human beings, and other measures, as in his judgment may be necessary.

Other subsections of 42 U.S.C. 264 provide for the apprehension, detention, or conditional release of individuals, the ap-prehension and examination of individuals believed to be infected, and other measures. As a result of the emergent concern about the threat of a pandemic caused by the avian flu virus, executive orders have recently been issued to supplement this law and to expand the power of the federal government to deal with such an eventuality.7

This concern is fully justified. The flu pandemic of 1918-1919 killed 50 million people worldwide, with a death rate some 50 times that of the usual seasonal influenza, and it is considered entirely possible that the current development of avian flu could rival if not exceed the scope of the 1918-1919 outbreak.[8]

Further, it must be recognized that a bioterror attack might result in a situation at least as deadly as, if not more deadly than, these natural pandemics.

Because of these various concerns, the federal government, specifically the CDC, is preparing plans for dealing with disease emergencies in the United States. When finalized, these plans will almost certainly include measures for imposing and enforcing quarantines to limit the spread of the disease.

It appears that these various federal measures envision that the federal government will take a lead role in any significant quarantine activity in the United States. But this should not lead local law enforcement officials to believe they need not prepare for a quarantine situation in their own jurisdictions. Notwithstanding federal statutes, regulations, or proclamations, local authorities (that is, local public health officials and law enforcement agencies) will probably be the first responders to any outbreak. Furthermore, even after federal agencies (probably including federal troops or National Guard units) have moved in, local law enforcement will have to continue to act in cooperation with such agencies or forces. Therefore, in the current absence of any federal executive or legislative action that would completely exclude local police from all responsibility in a quarantine scenario, this issue of Policy Review will focus on state law and the problems that may face local law enforcement in quarantine situations.

State Legislation. There is now considerable legislation on the general subject of quarantines, and although many such state laws deal with the quarantine of animals, poultry, or agricultural products, most states today have laws related to the quarantine of human beings.[9] Historically, these statutes have contemplated only quarantine in the event of natural outbreaks of disease, but recently some statutes have been enacted or amended to address specifically the subject of human quarantine in the event of the use by terrorists of biological agents as a weapon.[10]

Nevertheless, most state quarantine statutes relate only to the power of public health officials, such as state or local health departments, to act to control disease. And although they sometimes indicate that public health officials may call upon other agencies, such as the police, for assistance, few statutes provide specific guidance con-cerning police authority and procedures in the event of a quarantine. This lack of uniformity and specificity presents a significant problem for law enforcement.

Since the events of September 11, efforts have been made to improve the state legislative situation. In 2001 a public health law center drafted the Model State Emergency Health Powers Act[11] and followed it in 2003 with the Model State Public Health Act.[12] Both of these model acts were designed to help states enact legisla-tion to deal with public health emergencies. Some states have enacted portions of one or both of these model acts. One source reports that as of June 30, 2005, 32 states had introduced a total of 78 bills or resolutions involving portions of the Model State Public Health Act, and that, of these 78, 30 have been passed into law.[13] In addition, some states, after declining to adopt the model act proposals, have enacted their own legislation.

Many of these newer statutes are still general in nature and do not relate specifically to law enforcement involvement in the quarantine effort. But a few have provided some degree of specific authority for law enforcement action in quarantine situations. For example, in 2005 Hawaii enacted S.B. 781, which provides that police officers and sheriffs have the authority and duty to enforce quarantine orders when required by the state's department of health.[14] Since 2001 many other states have enacted or amended legislation for the purpose of clarifying their public health laws and improving the potential response to public health emergencies.[15]

The language and coverage of these numerous state enactments have varied widely, creating what amounts to a patchwork quilt of legislation, much of it of little specific assistance to law enforcement agencies as they seek to define their own authority in a quarantine situation. There-fore, each law enforcement agency should check its state's laws to determine what authority, if any, the legislature of its state has provided to law enforcement to act in quarantine situations.

Legislative Action Required. Because of the lack of uniformity and even greater lack of specificity in the state laws, the law enforcement community should communicate to political and legislative leaders the need for detailed and specific legislative authority governing police involvement in quarantine efforts. Existing legislative quarantine schemes leave police without adequate guidance and without adequate protection from liability issues that may arise as the result of quarantine enforcement. Some state and local leaders may not appreciate the need for specific authorization for police action, so communication of the needs of law enforcement agencies to political and legislative leaders is vital.

Planning Issues

Once a law enforcement agency has determined its legal authority to act to enforce quarantine, planning for the use of that authority becomes a matter of the highest priority.

For example, the department must first determine what resources it will need before it can effectively deal with a quarantine order, and then ascertain if those resources are available. Enforcement of a quarantine order, even for a short time, will require personnel, time, and money. Many local police departments lack the capacity to maintain a major quarantine operation while continuing to perform other police duties.

In this connection, department executives must recognize that their personnel resources may be affected because many of their own employees and their families probably will be affected by the emergency. This may result in absenteeism and will certainly impose mental and physical strain on the department's employees, further reducing the department's already-strained operational capacity.

In addition, police executives must consider the nature and extent of the enforcement measures their agencies will employ. The quarantine of a large number of human beings, many of whom will be unwilling to abide by quarantine regulations, will present problems for the department. The SARS epidemic in Canada presented problems related to communicating the need for voluntary quarantine to affected groups. While it is difficult to draw upon history in this case to present potential scenarios of citizen response, it is possible that the general public may react as they have in the past to the use of quarantines.

A case in point is found in Muncie Indiana where an outbreak of smallpox occurred in 1893. Public health authorities had a great deal of difficulty convincing citizens that severe restrictions were necessary to contain the disease. Reportedly, "many infected citizens were isolated under home detention and their presumably uninfected family members were quarantined with them. Entire neighborhoods were quarantined by patrolling armed guards; violators were incarcerated. Mandatory vaccination was instituted. Violence broke out as some civilians resisted the public health impositions, and several public officials were shot. Public health officials ultimately concluded that their quarantine actions had been 'an utter failure'" as the public had repeatedly defied their quarantine efforts.[16]

Another lesson can be learned from a quarantine instituted in the Chinese neighborhood of San Francisco, California, in 1900 after plague was diagnosed in several residents. The boundaries of the quarantine were later questioned as being arbitrary and disproportionate in that they had imposed severe economic damage to the Chinese business community. A federal court found the quarantine to be unconstitutional based on the capricious manner in which it was imposed.

History also shows that some will panic, and some will seek to flee the area in violation of the quarantine. In other cases, individuals will attempt to enter the quarantined area to assist or otherwise be with their families. What degree of force can or should the department employ in preventing violations or apprehending violators? Can deadly force be used legally, and if so, will officers follow such orders or refuse to obey them on ethical grounds? Is the department prepared to justify the use of such force and meet the legal challenges and potential liability that will almost certainly follow? These and many other questions must be addressed.

Every police department, regardless of size, will require preparation and training. Training must be carried out well before any actual emergency arises. In view of the threat involved, police leaders must take action without delay to plan and execute the training program and to ensure that the necessary logistical resources are available.

Preparation

A detailed operational plan must be prepared, one that is as specific as possible yet flexible enough to take into account the many different scenarios that may be encountered. As it is impossible to foresee the nature, location, and extent of the possible types of emergencies, all contingencies must be accounted for. Among other things, provision must be made for the following functions.

Deployment of Personnel and Equipment.

The department must have a viable plan for the deployment of its resources in a quarantine scenario. This must include not only a realistic evaluation of the assets available but also the recognition of the possibility that personnel resources may be reduced by the effects of the emergency on the department's own employees. Since department employees, particularly those in the field, will be exposed to the disease that has triggered the quarantine, arrangements must be made for (1) protection of personnel, (such as the availability and suitability of personal protective equipment), (2) mainte-nnance of personnel in the field for extended periods, (3) replacement of personnel who themselves become victims, (4) provisions for force protection against persons who would use violence against police to escape or compromise the quarantine and (5) provisions for providing assistance to and communication with the families of police officers who may be left without the contact and support of their family member while serving the public interest.

To these ends, well-thought-out plans for rotation of field personnel and the provision of necessary equipment, ranging from protective gear to vehicles to supplies of food and water for onduty personnel, are essential.

Command and Control.

The department must maintain close control of the quarantine operation. Experience shows that officers in the field, confronted by a disaster unprecedented in their (or any-one else's) experience, require supervisory guidance if they are to perform effectively. Allocation of supervisory personnel to the field is vital, and provision must be made for maintaining close contact between the field supervisors and the employees and units they are supervising, for these may be widely dispersed if the quarantine area is large and department's resources are stretched thin.

Communications.

Recent events have shown the absolute necessity of maintaining communications capability under extreme conditions. Although disease does not directly affect communications equipment, it may seriously affect dispatchers and others who are essential to the continued functioning of communications capabilities. In addition, it must be remembered that the quarantine itself may arise out of a broader emergency situation, such as a terrorist attack or a natural disaster, that may result in damage to communications equipment. Such damage could degrade the communications network and cripple the ability of command personnel to communicate with officers in the field, or of officers to communicate among themselves, with resultant loss of ability to manage the quarantine situation.

Initiation.

It must be clearly deter-mined who is to initiate the quarantine measures. Presumably this will come from public health officials, either directly or along the political chain of command. Statutes generally provide public health officials with the authority to initiate quarantine measures and may specify under what conditions and to what extent quarantines may be imposed. It is incumbent upon

police executives to understand who has the authority to initiate a quarantine order and the exact extent of that authority. Here, close liaison with local and state public health officials is necessary to avoid confusion and delay in the initial stages of the quarantine.

Cooperation with Other Agencies.

Co-operation with other agencies, federal, state and local, will be essential. Protocols for this cooperation must be established in advance between police, fire services, EMS, and other related responders. For example, if mutual assistance agreements between neighboring local jurisdictions do not already exist, they should be created and, when the occasion arises, implemented without delay. As the recent experience with the Gulf Coast hurricanes illustrates, many legal and operational difficulties can arise to interfere with interagency cooperation, and these difficulties should be anticipated and provided for.

One complicating aspect of this problem is the possibility, if not probability, that a large quarantine effort will require the employment of National Guard or federal military assets. Here the issues of command and control, communication, and delineation of responsibility loom large and must be anticipated if the quarantine effort is to be carried out effectively.

Public Cooperation.

It is unlikely that any quarantine operation will succeed if it is not supported by a majority of the inhabitants of the area. Widespread resistance to quarantine measures, as previously mentioned, perhaps including panic and mass exodus from the threatened area, is a distinct possibility. A significant lack of public acquiescence to quarantine measures will almost certainly defeat the efforts of even the best-planned and competently executed quarantine operation. Therefore, police departments, in conjunction with public health authorities, should take the following steps:

- Educate the public about the possible necessity of quarantine and the measures that will be taken.
- Enlist the public's aid in (1) complying with quarantine regulations and, if possible, (2) assisting the department in carrying out a successful quarantine.
- Inform the public of the consequences of quarantine violations, both for the violators and for those who may suffer as the result of the violation.

These steps should be initiated before any actual emergency arises, and should be given top priority in the overall departmental plan.

Facilities for Detention of Quarantine Violators and Looters.

Serious disruption of normal procedures may occur during a quarantine emergency, either because of the quarantine itself or because of the broader event that leads to the quarantine. For example, return of apprehended quarantine violators to the original quarantine area may not be feasible, and provision must be made not only for such persons, but also for the detention of other types of violators, such as looters, if available personnel resources do not permit processing in the normal manner. Crowd control must be anticipated if persons choose to protest the quarantine actions, attempt to overrun emergency medical facilities or violently compete for scarce vaccines, medical treatment, food or supplies.

Treatment of Medical Contingencies.

Police departments must make arrangements in advance for the transportation and treatment of those who experience medical emergencies during the quarantine. Some of those quarantined will become ill. Facilities must be available for treatment of such emergencies, and the means and manpower to transport ill persons, or to summon other agencies to do so, must be available. Obviously, these measures are primarily the responsibility of public health agencies, health care providers and

facilities, and so on, but police need to be aware of the existence, location, and nature of the medical assistance available during the quarantine. Again, planning and close cooperation are crucial.

Training

One indispensable aspect of quarantine preparation by police departments is training. Because a widespread quarantine may ultimately result in the involvement of virtually all department personnel, a massive all ranks training program will be required and should be initiated without delay. Uninformed or misguided actions by departmental managers, field supervisors, or field personnel in a quarantine situation will inevitably lead to disaster for both the department and the community. All levels of the department will be involved in some manner in any significant quarantine operation, and therefore all levels of the department must be properly prepared to fulfill their responsibilities once the quarantine has begun.

A quarantine training program must include the assistance of public health agencies. A joint training program involv-ing all of the agencies that will be involved in the quarantine effort should be instituted without delay.

Summary

Some police agencies in the United States will likely face the necessity of imposing either a mandatory or voluntary quarantine after a terrorist attack, the start of a pandemic, or a health crisis caused by storms, earthquakes, or other natural disasters. Although the federal government will probably play a lead role in the enforcement of a quarantine order, police, in their capacity as first responders and primary administrators of local laws, must be prepared both to bear initial responsibility and to play a continuing role in carrying out quarantine measures. Careful planning, meticulous prepara-tion, and department-wide training will all be required.

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[2] Wendy Orent, "The Fear Contagion," Washington Post, Sunday, October 16, 2005: B01; citing an interview on the The NewsHour with Jim Lehrer, October 5, 2005.
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[5] Hope Yen, "Experts: U.S. Unprepared for Super-Flu Pandemic," Associated Press, November 21, 2005.
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[10] See, for instance, Va. Code §32.1-42.
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[12] The text of this model act is available at (www.publichealthlaw.net/Resources/Modellaws.htm).
[13] For a list of the states concerned and the legislation enacted by each state, see the summary at (www.publichealthlaw.net/Resources/ResourcesPDFs/MSPHA%20LegisTrack.pdf).
[14] See (www.capitol.hawaii.gov/site1/docs/getstatus2.asp?billno=SB781).
[15] See legislative summary at (www.publichealthlaw.net/Resources/ResourcesPDFs/MSPHA%20LegisTrack.pdf).
[16] See footnote 4, citing W. Eidson, "Confusion, Controversy, and Quarantine: the Muncie Smallpox Epidemic of 1893," Indiana Magazine of History 86 (1990): 374-398.

nature medicine

Cassandra Willyard

Biosafety bungle leads to bird flu contamination

Nature Medicine, 1 April 2009, Vol. 15, N 4: 349
doi: 10.1038/nm0409-349a. PMID: 19349992.

In February, a group of experimental ferrets at a research facility in the Czech Republic fell ill. The ferrets had recently been injected with a culture containing what was believed to be a straight shot of the seasonal influenza virus, but their symptoms were severe and wholly unexpected. Researchers later determined that they were suffering from avian influenza; the seasonal flu culture had been contaminated with the deadly virus H5N1.

The flu sample, which came from an Austrian laboratory owned by Baxter International, ended up in at least three other labs in Austria, Germany and Slovenia. Although no one has fallen ill as a result of the mix-up, experts say the incident raises biosafety concerns and highlights the need for better quality control.

"I think it points to major problems," says David Topham, a microbiologist at the University of Rochester Medical Center and co-director of the New York Influenza Center of Excellence. Although contamination can happen easily, he says, there should be sufficient safety measures in place to prevent it.

Christopher Bona, a spokesperson for the Illinois-based Baxter, says it is "highly unlikely" that anyone was exposed to the avian flu virus. He adds that the contamination was due to "a combination of process, technical and human error," but that the problem has since been corrected. Bona refused to give specific details about how the accident occurred, noting that Baxter's processes are proprietary.

Although the World Health Organization and the European Centre for Disease Prevention and Control are aware of the incident, the Austrian Ministry of Health has jurisdiction over Baxter's lab in Orth-Donau. The ministry audited the lab after the accident. "Nothing alarming was found," says Sigrid Rosenberger, a spokesperson for the ministry.

Baxter's Austrian lab had sent the flu culture to the Vienna-based Avir Green Hills Biotechnology, which is developing a live attenuated influenza vaccine. Avir workers handled the contaminated material in Vienna, but they also sent the culture to three subcontractors, including the facility in the Czech Republic. Topham says employees working at these labs would have had the greatest risk of contracting avian influenza. But, he adds, the risk is minimal unless the virus is introduced directly into the respiratory tract, a situation that would be unlikely if the lab workers followed standard biosafety procedures.

According to Avir, all potentially exposed employees have been examined and treated with antiviral medicines. Furthermore, the contaminated product has been destroyed, and all of the labs have been sanitized. "At no time was there any danger to the population or the environment," says Birgit Kofler-Bettschart, a spokesperson for the company.

Still, the incident has left many concerned. It highlights "a potential hole in the regulation of the early stages of vaccine research," says Gregory Härtl, a spokesperson at the World Health Organization.

"The mere fact that this could happen," says Albert Osterhaus, head of the virology department at Erasmus University Medical Center in Rotterdam, "indicates that there is something wrong." Osterhaus would like to see Baxter help others learn from its mistake: "when you see [...] holes in the system, I think it's important to share that with the people that are working in this particular area." It's like the aftermath of a plane crash, he says. "It's always very important to see what went wrong."

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signs of the times
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[Jane Burgermeister]

Lawsuit Against Manufacturers of the Avian Flu Virus Vaccine

Signs of the Times, 8 April 2009
https://web.archive.org/web/20090629204013/http://www.sott.net/articles/show/187813-Lawsuit-Against-Manufacturers-of-the-Avian-Flu-Virus-Vaccine
https://web.archive.org/web/20090621120844/https://birdflu666.wordpress.com/2009/04/13/case-about-bird-flu/

Jane Burgermeister, an Austrian investigative reporter, filed criminal charges in April against Baxter AG and Avir Green Hills Biotechnology of Austria for producing contaminated bird flu vaccine, alleging this was a deliberate act to cause and profit from a pandemic

Criminal charges against
Baxter AG,
Baxter International and
Avir Green Hill Biotechnology AG,

For developing, manufacturing, disseminating, and releasing a biological weapon of mass destruction, on Austrian soil between December 2008 and February 2009; With the intention of causing a global bird flu pandemic virus and of intending to profit from that same pandemic, in an act that Violates Laws on International Organised Crime and Genocide.

Charges filed against Baxter and Avir
Charges filed with the 1st part translated into English
Overview
Submitted on:
Wednesday, 8th April 2009,
Vienna State Prosecutor's Office, Landesgerichtstrasse 11, 1080 Vienna

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A. Summary of the criminal charges brought and of the grounds for these charges
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A. Summary of the criminal charges brought and of the ground for these charges.

I am a citizen of Austria and live in Vienna, and would like to file criminal charges against the corporate entities of

Avir Green Hills Biotechnology, headquartered in Vienna, Währing, and

Baxter AG, headquartered in Vienna, the Austrian subsidiary of the pharmaceutical company Baxter International, headquartered in Deerfield, IL, USA, and

Baxter International,

for endangering my life and health as well as the lives and health of the people in the city of Vienna, in Austria and in the surrounding countries.

Avir and Baxter unlawfully, wilfully and knowingly, in the period between December 2008 and February 2009, employed manipulative and deceptive devices and contrivances in violation of national and international laws on the manufacturing, possession, release and dissemination of biological weapons of mass destruction and on organised crime, to manufacture and distribute a biological agent that is classified as a bioweapon among the population.

State of the Nation

Jane Burgermeister

Charges filed against Baxter and Avir

State of the Nation // Birdflu666. – 13 April 2009
https://stateofthenation.co/?p=70631
https://web.archive.org/web/20090429014808/https://birdflu666.wordpress.com/2009/04/13/4/

I have filed criminal charges in Austria against Baxter and Avir Green Hills Biotechnology for producing and distributing contaminated bird flu vaccine material this winter, alleging that this was a deliberate act to cause a pandemic, and also to profit from that pandemic.

Avir and Baxter AG are headquartered inside the Vienna City limits, where I live, and so fall within the jurisdiction of the Vienna City Prosecutor.

In the paperwork I filed with the Vienna City Courthouse on Wednesday, April 8th, 2009, after consulting lawyers, I present evidence of intent to cause harm by Baxter and Avir, citing, among other things, the fact that Baxter uses Biosafety Level 3 regulations to prevent just such a contamination of ordinary flu with the bird flu virus.

Also, I suggest that there are reasonable grounds for believing that Baxter is part of a secret bioweapons programme and that there are plans to release weaponised bird flu on the world's population soon.

Furthermore, I present evidence to support the notion that Baxter is a smaller entity operating within a bigger aggregate of entities that belong to an international organised crime group, which I maintain can be identified with the group known informally as "The Illuminati".

I allege there is evidence the US "Illuminati"-controlled government plans to release the bird flu on the US population in the near future, citing bird flu drills, FEMA camps, mass graves among other facts.

Flowing from their obligations as a signatory to the UN Convention for the Punishment and Prevention of Genocide, I argue that Austrian courts are bound by law to prosecute any individuals or organisations when there is reasonable proof that they are involved in planning any genocide, including US officials.

In an era of global crime organisations, I argue it is more necessary than ever that Austrian courts leverage international laws to protect the Austrian people as well as people all around the world against the bird flu and other threats, posed in particular by the "Illuminati" global racketeering influenced organised crime syndicate.

As evidence for Baxter's participation in a secret, black international bioweapons programme, I cite reports that the "bird flu" virus was resurrected by US bioweapons scientists from the Spanish Flu virus in 1996 and also note that Baxter has patented a highly pathogenic bird flu virus mutation, something difficult to account for if Baxter is not doing research into weaponised bird flu strains.

As evidence that Baxter deliberately manufactured and distributed the contaminated material, I note the way the Biosecurity Level 3 regulations were systematically subverted at Baxter's facilities in Orth an der Donau.

I also note the reports in the media that the contaminated material was sent to 16 laboratories with a false or incorrect llabel as evidence of intent to deceive staff in outside laboratories into thinking they were handling relatively harmless material and into taking fewer precautions, so increasing their risk of being infected by the bird flu and acting as pandemic bird flu carriers into the general population.

I argue the fact that at least 36 to 37 laboratory staff were treated preventatively for bird flu and normal flu in hospital underlines the danger that they could have been infected with the bird flu, and could have sparked a pandemic.

In addition, I present arguments for classifying Baxter's production facilities for the vaccination material for the bird flu — specifically the use of 1,200 liter bioreactors and vero cell technology – as a dual biological weapons programme. This is because it would allow a huge amount of contaminated vaccine material to be produced rapidly if any live bird flu virus material ever got into the bioreactor in the first place.

I argue that the production and distribution of contaminated bird flu material by Baxter to 16 labs this winter showed that every safety control failed – and that another such a systematic "safeguards" failure cannot be ruled out again and nor can it be ruled out that contaminated material ends up in 1,200 liter bioreactors. I cite opinions that the Spanish Flu Pandemic of 1918-1919 was spread by contaminated vaccines.

I contend that a motive for Baxter for sparking the pandemic is profit.

In 2006, Baxter sealed a contract with the Austrian Health Ministry to supply 16 million doses of bird flu vaccines in the event of a "pandemic". This action fits the pattern of deriving an income from illegal activities which is typical of an organised crime racket.

[Note: The Austrian Health Minister who signed the deal with Baxter in 2006 is Maria Rauch-Kallat, the wife of Alfons Mensdorff-Pouilly, who was released from jail in Austria on April 3rd, 2009, after being held in custody for five weeks in connection with bribery and money-laundering involving British weapons maker BAE systems.]

I also allege that the Austrian and international authorities are involved in a cover up.

As evidence for the cover up, I cite the fact that no action has been taken by the authorities. Little to no information has been released to the public.

While none of the political parties has made a statement, a few members of parliament apparently acting on their own tabled questions to the Austrian Health Minister on March 20th to obtain information.

Questions tabled include: "Can a threat to the Austrian people be ruled out?" "What steps have been taken to stop a repeat?"

In my charges, I argue that the people of Austria have a right to be fully informed about the incident and any investigation.

I suggest the notion that Austria has a "state within a state" or a "secret army" , a group of agents who act on the orders of Illuminati and who have annexed key positions in Austrian government and authorities, and who provide cover that allows Baxter and Avir to operate more or less outside the law.

I allege that persons in charge of the Austrian mainstream media are part of the cover up of this crime syndicate. The media in gross dereliction of its duty as the fourth estate to call organisations to account has been pretty much silent about the incident here in Austria.

Because so few Austrians have heard about the way Baxter produced and sent out the pandemic material this winter, they will be more willing to allow themselves and also their children to be injected with a vaccine supplied by that same company Baxter in the event of a pandemic, I argue. The silence of the media is, therefore, I contend a necessary element in carrying out this crime.

Should millions of Austrians and Europeans die as a result of the bird flu pandemic and/or contaminated vaccine material, their homes, property, savings, farms, companies and other assets could fall to the state authorities controlled by organised crime, and so could be transferred into private hands with ease.

I argue there is a robbery motive to the murder of millions of people throughout the world by use of weaponised bird flu. I present evidence that the "Illuminati" have planned the current global financial collapse to enrich themselves, and they are now using the relatively inexpensive and efficient weaponised bird flu as part of a pre meditated plan to eliminate huge numbers of their robbed victims before these can regroup and obtain retribution.

If the international organised crime syndicate I designate as the "Illuminati" manage to kill millions or billions of people by unleashing a pandemic bird flu, they are in a position to take control not only of personal assets of their victims but also of natural resources of entire countries, resources that are increasingly valuable at a time of global warming, I argue.

You can read the document I submitted to the prosecutor in German below. Some of the quotes are in English. I'll post up the English translation as soon as it's ready.

I would appreciate any information, articles or tips relevant to the bird flu case, so that I can submit these to the prosecutor to reinforce the case.

As for the next step, I was told my file would be assigned a case number and allocated to a state prosecutor who will review the information and, if there is enough evidence of violations of laws, authorise criminal charges to be brought against Baxter and Avir.

If you want to contribute or help out, contact me, Jane, at jmburgermeister@gmail.com.

I would like to bring more such cases, also in other European countries, in a bid to reign in the crime spree.

https://birdflu666.wordpress.com/2009/04/13/case-about-bird-flu/
https://web.archive.org/web/20090621120844/https://birdflu666.wordpress.com/2009/04/13/case-about-bird-flu/

HEADLIGHT

Charles Scanlon

Columbus parents talk safety with officer

The Deming Headlight (Deminnng, New Mexico), 21 Apr 2009, Tue, p. 3
https://www.newspapers.com/image/558599563/?terms=Respiratory%20Disease%2C%20Mexico&match=1

Columbus. About 40 parents of Columbus Elementary students gathered in the school cafeteria earlier this month to speak with Deming Public Schools Safety Officer Bennie Jasso about issues of school safety.

...

He presented the main objective of their discussion: the safety and security of students at school. Jasso explained the new school will be much more secure than the present wide-open campus, and listed the various agencies, from U.S. Border Patrol to local EMTs, ready to cooperate in keeping kids safe. Jasso urged the parents not to be concerned at finding regular emergency code practices, when students might be temporarily locked down inside class-rooms to learn emergency procedures under various scenarios. "All of these agencies and practices help us get ready to provide safety to our children," he said.

Espinoza then used cooperative learning strate-gies to break the many par-ents out into small groups of six to prioritize their three greatest concerns for student safety. The half dozen groups had several concerns in common, and some unique to each group. Typical concerns were stu-dent security when getting on and off buses, being dropped off from cars, or walking to school, includ-ing having someone present to supervise. Some parents asked about having a secu-rity guard at school and a weapons detector, and to be sure that not just anyone can walk into the school. Some talked about the iso-lated location of the new school on the edge of town, and shared their concerns for wildlife in the area, including snakes. Others wanted to discuss the possibilities of gangs, drugs and gunfire. Some had heard of pandemic preparation in El Paso, including preparation for the Severe Acute Respiratory Syndrome virus. Others were concerned with provisions for children of differing capabilities. Principal Madrid as well as other members of the faculty and staff were on hand to field questions.

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MMWR

M. Ginsberg, J. Hopkins, A. Maroufi, G. Dunne, DR. Sunega, J. Giessick, et al.

Swine Influenza A (H1N1) Infection in Two Children – Southern California

Morb Mortal Wkly Rep, 21 April 2009 // 24 April 2009, 58 (15): 400-402
https://www.cdc.gov/mmwr/preview/mmwrhtml/mm5815a5.htm

On April 17, 2009, CDC determined that two cases of febrile respiratory illness occurring in children who resided in adjacent counties in southern California were caused by infection with a swine influenza A (H1N1) virus. The viruses from the two cases are closely related genetically, resistant to amantadine and rimantadine, and contain a unique combination of gene segments that previously has not been reported among swine or human influenza viruses in the United States or elsewhere. Neither child had contact with pigs; the source of the infection is unknown.

Investigations to identify the source of infection and to determine whether additional persons have been ill from infection with similar swine influenza viruses are ongoing.

This report briefly describes the two cases and the investigations currently under way. Although this is not a new subtype of influenza A in humans, concern exists that this new strain of swine influenza A (H1N1) is substantially different from human influenza A (H1N1) viruses, that a large proportion of the population might be susceptible to infection, and that the seasonal influenza vaccine H1N1 strain might not provide protection.

The lack of known exposure to pigs in the two cases increases the possibility that human-to-human transmission of this new influenza virus has occurred. Clinicians should consider animal as well as seasonal influenza virus infections in their differential diagnosis of patients who have febrile respiratory illness and who 1) live in San Diego and Imperial counties or 2) traveled to these counties or were in contact with ill persons from these counties in the 7 days preceding their illness onset, or 3) had recent exposure to pigs. Clinicians who suspect swine influenza virus infections in a patient should obtain a respiratory specimen and contact their state or local health department to facilitate testing at a state public health laboratory.

Case Reports

Patient A. On April 13, 2009, CDC was notified of a case of respiratory illness in a boy aged 10 years who lives in San Diego County, California. The patient had onset of fever, cough, and vomiting on March 30, 2009. He was taken to an outpatient clinic, and a nasopharyngeal swab was collected for testing as part of a clinical study.

The boy received symptomatic treatment, and all his symptoms resolved uneventfully within approximately 1 week. The child had not received influenza vaccine during this influenza season. Initial testing at the clinic using an investigational diagnostic device identified an influenza A virus, but the test was negative for human influenza subtypes H1N1, H3N2, and H5N1.

The San Diego County Health Department was notified, and per protocol, the specimen was sent for further confirmatory testing to reference laboratories, where the sample was verified to be an unsubtypable influenza A strain.

On April 14, 2009, CDC received clinical specimens and determined that the virus was swine influenza A (H1N1). The boy and his family reported that the child had had no exposure to pigs. Investigation of potential animal exposures among the boy's contacts is continuing. The patient's

mother had respiratory symptoms without fever in the first few days of April 2009, and a brother aged 8 years had a respiratory illness 2 weeks before illness onset in the patient and had a second illness with cough, fever, and rhinorrhea on April 11, 2009. However, no respiratory specimens were collected from either the mother or brother during their acute illnesses. Public health officials are conducting case and contact investigations to determine whether illness has occurred among other relatives and contacts in California, and during the family's travel to Texas on April 3, 2009.

Patient B. CDC received an influenza specimen on April 17, 2009, that had been forwarded as an unsubtypable influenza A virus from the Naval Health Research Center in San Diego, California. CDC identified this specimen as a swine influenza A (H1N1) virus on April 17, 2009, and notified the California Department of Public Health.

The source of the specimen, patient B, is a girl aged 9 years who resides in Imperial County, California, adjacent to San Diego County. On March 28, 2009, she had onset of cough and fever (104.3°F [40.2°C]). She was taken to an outpatient facility that was participating in an influenza surveillance project, treated with amoxicillin/clavulanate potassium and an antihistamine, and has since recovered uneventfully. The child had not received influenza vaccine during this influenza season. The patient and her parents reported no exposure to pigs, although the girl did attend an agricultural fair where pigs were exhibited approximately 4 weeks before illness onset. She reported that she did not see pigs at the fair and went only to the amusement section of the fair. The Imperial County Public Health Department and the California Department of Public Health are now conducting an investigation to determine possible sources of infection and to identify any additional human cases. The patient's brother aged 13 years had influenza-like symptoms on April 1, 2009, and a male cousin aged 13 years living in the home had influenza-like symptoms on March 25, 2009, 3 days before onset of the patient's symptoms. The brother and cousin were not tested for influenza at the time of their illnesses.

Epidemiologic and Laboratory Investigations

As of April 21, 2009, no epidemiologic link between patients A and B had been identified, and no additional cases of infection with the identified strain of swine influenza A (H1N1) had been identified. Surveillance data from Imperial and San Diego counties, and from California overall, showed declining influenza activity at the time of the two patients' illnesses. Case and contact investigations by the county and state departments of health in California and Texas are ongoing. Enhanced surveillance for possible additional cases is being implemented in the area.

Preliminary genetic characterization of the influenza viruses has identified them as swine influenza A (H1N1) viruses. The viruses are similar to each other, and the majority of their genes, including the hemagglutinin (HA) gene, are similar to those of swine influenza viruses that have circulated among U.S. pigs since approximately 1999; however, two genes coding for the neuraminidase (NA) and matrix (M) proteins are similar to corresponding genes of swine influenza viruses of the Eurasian lineage (1). This particular genetic combination of swine influenza virus segments has not been recognized previously among swine or human isolates in the United States, or elsewhere based on analyses of influenza genomic sequences available on GenBank.* Viruses with this combination of genes are not known to be circulating among swine in the United States; however, no formal national surveillance system exists to determine what viruses are prevalent in the U.S. swine population. Recent collaboration between the U.S. Department of Agriculture and CDC has led to development of a pilot swine influenza virus surveillance program to better understand the epidemiology and ecology of swine influenza virus infections in swine and humans.

The viruses in these two patients demonstrate antiviral resistance to amantadine and rimantadine, and testing to determine susceptibility to the neuraminidase inhibitor drugs oseltamivir and zanamivir is under way. Because these viruses carry a unique combination of genes, no information currently is available regarding the efficiency of transmission in swine or in humans. Investigations to understand transmission of this virus are ongoing.

Editorial Note ...

The Washington Post

David Brown

New Strain of Swine Flu Investigated

Washington Post, 22 April 2009.
http://www.washingtonpost.com/wp-dyn/content/article/2009/04/21/AR2009042103694.html

Public health authorities are investigating two highly unusual cases of a previously unknown strain of swine flu that was found in the San Diego area late last month.

The cases occurred almost simultaneously in children who had no contact with pigs or each other, a scenario that raised the possibility that the illnesses may be the sign of an emerging pandemic strain of influenza.

More than 50 scientists and epidemiologists at the Centers for Disease Control and Prevention in Atlanta are studying the strain, and dozens of public health investigators in Southern California are looking for more cases among the those who had contact with the children.

"While we have a low index of suspicion that this is a pandemic, we're being very careful in our investigation to rule out every possibility," said Lyn Finelli, an epidemiologist in the CDC's influenza division.

Neither of the children – a 10-year-old boy in San Diego County and a 9-year-old girl in Imperial County, just to the east – was seriously ill. The cases were detected because both children were treated at clinics that took nose or throat swabs looking for influenza and passed the samples on to health department labs when they could not identify the strains.

"It was a very fortunate lightning strike," Finelli said yesterday.

Both children have recovered. The boy, however, took an airplane trip to Texas with his younger brother while at the tail end of his illness before it was known that he had an unusual strain of flu. Health officials in the Dallas area are looking for cases there, as well as among airline employees who assisted the two children, who traveled as "unaccompanied minors."

Public health officials in the two California counties – both of which border Mexico – are urging physicians and hospitals to look carefully for cases of flu and report any to local health departments.

Flu season, which officially ended this month, was mild this year. However, Stephen Munday, the health officer for Imperial County, said his jurisdiction saw cases late in March, although not enough to qualify as an outbreak. Whether any other cases involved swine flu is unknown at this point.

The Imperial County girl fell ill on March 28 with cough and a high fever, and the San Diego boy came down with similar symptoms, as well as vomiting, two days later. People in both households became sick before and after the children did, although health officials have not determined whether they also had swine flu.

Munday said his department has drawn blood from more than 20 people to be tested for antibodies to the swine flu strain. The antibodies would be a sign that those people were infected even if they never had symptoms. He said some had traveled into Mexico recently but would not describe them further.

"As of yet, we have not been able to come up with any explanation of why anyone would have swine flu," he said.

Molecular analysis of the virus suggests that it is the product of a rare event called a "gene reassortment." In a reassortment, two distinct strains of virus infect the same cell. The viruses take over the cell's genetic machinery to make copies of themselves, mingling the genes of the two strains to create a new, essentially hybrid, strain. Six of the eight genes in the new strain are from the North American lineage of swine flu, but two are from the Eurasian lineage.

The reassortment probably occurred in a pig sometime in the past decade. Both sets of genes are slightly different from those of their original lineage – a sign that time has passed. However, it is unlikely that they have been in humans very long.

"If these viruses had been circulating at low levels in humans for several years, we probably would have detected them," said Nancy J. Cox, head of the CDC's influenza division.

The ability to find and identify rare strains of influenza virus has improved greatly in the past decade, spurred in part by the "bird flu" outbreak in Asia and the anthrax attacks of 2001.

In the past three years, the CDC has investigated 12 cases of human illness caused by swine flu strains. In 11 of the cases, however, the infected people had direct or indirect exposure to pigs.

In 1976, a strain of swine flu caused illness in 13 soldiers at Fort Dix in New Jersey, killing one.

Fearing a pandemic might be in the offing, the federal government ordered emergency production of a vaccine and made plans to administer it to millions of elderly and vulnerable Americans. Mass immunization was halted, however, when the virus did not spread and some vaccine recipients developed a rare neurological disorder called Guillain-Barre syndrome.

Gettysburg TIMES
VOL. 107, NO. 100

Peter Orsi

Mexico deaths climb

Gettysburg Times (Gettysburg, PA), 23 Apr 2009, Vol. 107, N 100, p. A1, A5

Mexico City (AP) – Dminous delvelopments Monday in the swine flu epidemic a jump to 149 deaths and more signs that the virus can jump repeatedly from human to human prompted the World Health Organization to raise its pandemic alert level, and governments around the world were taking tougher measures. The virus has already spread to at least a half-dozen countries and half of Mexico. Trying to eliminate crowds, the Mexican government canceled school nationwide and considered closing the capital's subway system. Health Secretary Jose Angel Cordova said 20 deaths have been confirmed to be from swine flu and test results were pending on the others.

"We are at the most critical moment of the epidemic. The number of cases will keep rising so we have to reinforce preventive measures," Cordova said at a news conference that was briefly shaken by an earthquake centered in southern Mexico.

WHO said the new phase 4 alert means sustained human-to-human transmission is causing outbreaks in at least one country, signaling a significant increase in the risk of a global epidemic, according to Mexico health department spokesman Carlos Olnios. Phase 4 doesn't mean a pandemic is inevitable, but many experts think it may be impossible to contain a flu virus already spreading in several countries. Cordova said 1995 people have been hospitalized with serious eases of pneumonia since mid-April, of whom 1,070 have been released. The government does not yet know how many were swine flu.

Cordova also suggested an earlier timeline fur documented swine flu cases inside Mexico. The first death confirmed by the government involved a woman who suc-cumbed from swine flu on April 13 in southern Oaxaca state. But Cordova said tests now show that a 4-year-old boy contracted the disease at least two weeks earlier in neighboring Veracruz state, where a community has been protesting pollution from a large pig farm.

The farm is run by Granjas Carroll de Mexico. a joint ven-ture 50 percent owned by Virginia-based Smithfield Foods, Inc. Spokeswoman Keira Ullrich said the company has found no clinical signs or symptoms of the presence of swine influenza in its swine herd or its employees working at its joint ventures anywhere in Mexico.

But local residents are convinced they were sickened by air and water contamination from pig waste.

There was a widespread outbreak of a particularly powerful respiratory disease in the area early April, and some people reported being sick as early as February. Local health workers intervened in curly April, sealing off the town of La Gloria and spraying to kill off flies they said were swarming through their homes.

Cordova said the community was suffering from ordinary influenza not swine flu. But only one sample was preserved that of the boy. It was only after U.S. and Canadian epidemiologists discovered

the true nature of the virus that Mexico submitted the sample for international testing. and discovered what he suffered from.

The boy has since recovered and Cordova said there have been no new cases detected in the town, but epidemiologists want to take a closer look at pigs in Mexico us u potential source of the outbreak.

Juan Lubruth, an animal health expert at the U.N. Food and Agriculture Organization in Rome, said a team of veterinartans was flying to Mexico. They will examine what surveillance systems are in place to detect swine flu, and review historical data on previous viruses identified in the country. Farmers will be interviewed.

Lubroth said there have been no reports of sick or dying swine in Mexico, but warned that fears surrounding the outbreak could have a devastating effixt on the pork industry.

"Although the virus is reported to have a swine ori-gin, it may have been several years ago, and it's only now that it has shown up in humans as a clinical problem that is spreading," he said.

The Mexican government has yet to say where and how the epidemic began or give details on the victims.

Cordova said the health department lacked the staff to visit the homes of all those suspected to have died from the disease. But he assured that the country had enough medicine to treat the ill.

Meanwhile. Mexico suspended all schools nationwide until May 6, extending an order already in place in Mexico City and the of the country's 32 states, and urged people to stay home if they feel sick.

Labor Secretary Javier Lozano Alarcon said employers should isolate anyone showing up for work with fever, cough, sore throat or other symptoms.

And the Mexico City government was considering shutting down all public transportation if the death toll keeps rising.

Mayor Marcelo Ebrard said surgical masks were being distributed at subway and bus stops across the city.

The disease has hit hardest in the capital. but life was disrupted from Tijuana to Acapulco. a lucrative Pacific resort town where night clubs and bars were ordered closed until further notice.

Acapulco Mayor Manuel Anorve Banos said he was worried about tourists from Mexico City spreading the disease.

CDC Web Archive

Dr. Anne Schuchat
Interim Deputy Director for Science
Dr. Nancy Cox.
Director of CDCs Influenza Division

CDC Briefing on Public Health Investigation of Human Cases of Swine Influenza

CDC, 23 April 2009, 3:30 p.m. EST
https://www.cdc.gov/media/transcripts/2009/t090423.htm
https://web.archive.org/web/20090426093348/https://www.cdc.gov/media/transcripts/2009/t090423.htm

Operator: Good afternoon and thank you all for holding. At this time your lines have been placed on listen-only until we open up for questions and answers. Please be advised today's conference is being recorded. If you have any objections you may disconnect at this time.

I would now like to turn the conference over to Mr. Glen Nowak, please go ahead, sir.

Glen Nowak: Thank you and thank you all for joining us this afternoon. I'm Glen Nowak, I am Director of Media Relations here at the Centers for Disease Control and Prevention. And this afternoon we're here to have a media update on human swine influenza cases that we have documented in the United States and CDC's efforts with respect to those cases.

We have two people available to speak this afternoon. With me is Dr. Anne Schuchat. She is Director of CDCs National Center for Influenza and Respiratory Diseases. Her last name is spelled S-C-H-U-C-H-A-T. And joining us also is Dr. Nancy Cox. Dr. Cox is Director of CDCs Influenza Division.

The way we'll do this, this afternoon is Dr. Schuchat will provide some opening remarks and then we will open up the phone lines for questions. So I will turn it over to Dr. Anne Schuchat.

Anne Schuchat, MD, Interim Deputy Director for Science: Oh great, I am just going to correct my title for those of you who are taking notes. I am the Director for the National Center for Immunization and Respiratory Diseases. Sometimes it feels like the National Center for Influenza but it's actually Immunization.

You know, I appreciate the chance to update you today about a situation we're exploring related to swine influenza in people. On Tuesday we reported the detection of two children with swine influenza in California and today we want to update you about some new developments, new findings and actions that we're taking in close collaboration with the California Health Department and Texas Health Department and Public Health throughout the country.

Tuesday we reported that we had confirmed two cases of influenza that were swine flu in children in California and we intensified surveillance to look for additional cases. Not surprisingly we have now confirmed several additional cases of humans with swine influenza. The total right now is seven confirmed swine influenza cases.

There are a total of five human swine influenza cases in the state of California. Three of these were confirmed here at CDC yesterday in our laboratory. We have two confirmed cases in the state of Texas near San Antonio. These cases were confirmed at CDC very early this morning.

Both of those were in 16-year-old boys. All seven cases were detected through surveillance for seasonal influenza with tests that were sent then on to the laboratories where untypable influenza was detected. The specimens then get forwarded here to CDC where we found them to be of swine origin.

The good news is that all seven of these patients have recovered. One of them required hospitalization but has been discharged. And so far this is not looking like very, very severe influenza. Seven patients all recovered. The cases range in age from nine to 54 and there are three girls and four males in the group.

And so far the illnesses have presented with flu like illnesses, respiratory symptoms and sometimes with nausea and vomiting as well and diarrhea. But at this point we really don't know the extent of the spread of this particular strain of human influenza derived from swine. And we're in the process of an intensive investigation with partners.

I want to tell you a little bit about what the laboratory ahs found from exploring this particular strain. CDC has conducted testing on all seven samples and we've determined that they are swine influenza A, H1N1. These are human infections with swine influenza viruses. These are viruses that usually infect pigs but in this case we're finding the illness in people.

Preliminary testing of viruses from the first two patients shows that they are very similar. Additional testing is ongoing with the newer isolettes. We know so far that the viruses contain genetic pieces from four different virus sources. This is unusual. The first is our North American swine influenza viruses. North American avian influenza viruses, human influenza viruses and swine influenza viruses found in Asia and Europe.

That particular genetic combination of swine influenza virus segments has not been recognized before in the U.S. or elsewhere. Of course, we are doing more testing now and looking more aggressively for unusual influenza strains. So we haven't seen this strain before but we haven't been looking as intensively as we are these days.

The viruses are resistant to amantadine and rimantadine anti-viral drugs but they are sensitive or susceptible to oseltamivir and zanamivir, the newer anti-viral drugs for flu. And at this time we don't know exactly how people got the virus. None of the patients have had direct contact with pigs.

You can get swine influenza without direct contact but it's a bit more unusual. And we believe at this point that human-to-human spread is occurring. That's unusual. We don't know yet how widely it's spreading and we certainly don't know the extent of the problem. We're taking active steps to learn more and to make sure that we're on top of the situation. We're working closely with health officials in California and in Texas and we're working with the U.S. Department of Agriculture exploring illness in pigs and other animals.

We're also working with international partners to understand what may be occurring in other parts of the world. And we particularly want to get the messages to clinicians today. It's important as we are in this discovery stage of this investigation that clinicians have a heightened concern when they're seeing people with respiratory illness who are – have had direct contact with pigs.

Or who have exposure to San Diego or Imperial County in Southern California or to San Antonio area. What we'd like clinicians who are treating people with respiratory illness in those circumstances to do is to get a specimen to test for influenza and to work with their state health laboratories to look for the typing of the influenza.

We also are asking laboratories to help, state laboratories now are fully equipped to test for influenza types and when they find influenza strains that are not typable we urge them to forward those isolettes on here to CDC where we can check to see whether this particular strain is circulating.

As a precautionary step we're also taking a number of other more forward-looking measures. We are working with this virus to prepare it as a vaccine seed strain should the situation evolve and we actually need to make a vaccine against this particular virus. And we're working with partners across the government to understand the virus as well.

So, there is quite a lot of work going on. I want to say that we are committed at CDC and with our public health partners to let you know what we find out when we find out it. And today we're

providing availability to the press. But what we plan to do is to provide regular updates on our Web site and so at 3:00 p.m. each day, yes 3:00 p.m. each day we hope to be updating the Web site. That's www.cdc.gov to share the additional findings.

You know, in this stage of an investigation when we're really heightening our concern for clinicians, for laboratories, for others we're likely to find more cases. So that's not going to be surprising. At this point we really are making extra efforts here at CDC and with public health partners to understand the situation.

We don't think this is time for major concern around the country but we want you to know what we're doing and what we're learning from what we're doing. I think that there are probably a couple of questions that everybody has that I'd like to answer before we go to the general question and answer period.

You know, when you hear the word swine influenza you think about swine and many people wonder can you get this from eating pork? The answer is no you can't get swine flu from eating pork or from eating pork products. So that's not something that you need to worry about.

It's also important to know that some of the measures that we're taking as part of our investigation as we contact people who have come down with this illness and talked to their colleagues or their family members or their friends we may be doing extra efforts to understand the situation that would not be routine. That would not be what we would recommend everywhere.

So, in the parts of the country where the investigation is intensifying there may be active efforts to understand the spread of the virus. I also want to say something about regular influenza and regular respiratory illness because there is a lot of it. It's important when you have respiratory illness with fever that you wash your hands, that you stay home from work, or you don't travel and you try to protect others from spreading that infection.

And those are good rules when you're worrying about regular seasonal influenza and also at a time like this. So, just the importance of good hygiene, hand washing and keeping your coworkers and your classmates well. CDC is continuing to work actively with the local and state health departments in the affected states. And to connect with our clinical counterparts around the country.

We really want to make sure that information we have is available and at this point I'd like to answer questions that anyone may have.

Operator: Thank you and at this time if you would like to ask a question please press star one on your touchtone phone. Thank you, our first question comes from Helen Branswell, Canadian Press. Please go ahead.

Helen Branswell, Canadian Press: Hi, Thank you very much for doing this and for taking my question. Could somebody please tell me if there are links between these seven cases that you found or do you have suspect cases around these seven cases. Are there people who have been ill but like in the first two but were not tested in the active stage of disease.

Are any of these people actively sick? Another question, is there discussion under way about whether or not alert level needs to be changed at this time?

Schuchat: Thank you so much for those questions. There are two cases in Texas that were attended the same school. So there is contact between those two boys. And there is a father/daughter pair in California.

We don't right now have direct links between California and Texas. There's active investigation going on to understand what the source of infection may have been in people as well as to explore further the possibility of the animal exposure.

So we don't have a history of direct contact with pigs in the patient that we detected. So there are doubles and then others that are just the geographic ditch of two counties in California. Imperial County and San Diego are neighbors. And the patients there are about 130 miles apart from each other.

But this is a very active phase of the investigation and it's important for us to know that may change. You also asked about suspect cases and I can say that when you're in the very active phase of an investigation for something like respiratory illness or fever, it's very common to find people who have suspect symptoms.

So, we're very actively looking into those at this point understanding that information may change. We'll be updating daily the numbers of confirmed cases of swine humanus influenza but we won't be trying to keep on top of the suspect cases in a daily report.

I think you also asked about the pandemic phases. And what I can say is that we're in regular contact with the World Health Organization, with Pan American Health Organization, with counterparts in Washington. We have not changed anything.

Do we have another question?

Operator: Thank you. Our next question comes from Daniel Dunoon (ph), WebMD. Please go ahead.

Daniel Dunoon, WEBMD: Thanks for taking my question. I understand that CDC is looking at antibody levels to see if other people have possibly been infected with this rather than active infection.

Has the investigation uncovered other infections and what have you learned from your ring of surveillance?

Schuchat: You know we're in an active phase right now. We are planning to update the investigation details in the NNWR and I would look for more details there. So far we are looking at contact cases to identify whether there are symptoms and whether among those who are symptomatic there are any, there's any evidence of laboratory findings consistent with this particular strain.

That can be done through the PCR test to look at the actual virus or antigen and it's also that we're also looking through serology. But those results aren't available at this point.

Next question?

Operator: Thank you. Our next question comes from Mike Stobbe, The Associated Press.

Mike Stobbe, The Assoicated Press: Hi, Thank you for taking a question. On Tuesday you all discussed the 10-year-old boy from San Diego County and he had gone to Dallas to visit relatives.

Now we have two cases in San Antonio. Did the boy go to San Antonio? Was any travel from any of these cases to San Antonio? I'm just wondering why San Antonio?

Schuchat: That's a great question. We're also wondering why San Antonio. I can say that we've been testing strains from Dallas and they have not shown to be this strain. So you are right that's one of the patients involved did travel from California to Texas but not to San Antonio.

Again, there is an active phase of the investigation and it's possible that links will come up as we continue to learn more about the individuals. But so far we don't have any direct links between people who have the infection in California and the two boys in San Antonio.

Next question?

Operator: Thank you. Our next question comes from Rob Stein, Washington Post. Please go ahead.

Rob Stein, Washington Post: Hi, thanks for taking my question. You might have addressed this in an earlier question but when you said earlier that you have evidence of human-to-human contact spread. Is that between those two pairs you just mentioned?

Schuchat: Well certainly between the father and daughter and the boys in the same school. We are suspicious of human-to-human spread but we actually think the pattern that we're seeing is likely to be from human to human spread primarily because we haven't been able to identify direct animal exposure.

You know, I think we mentioned in the MMWR and on Tuesday in the briefing that we have found swine influenza in people over the past several years. We've been finding more of it recently with our more intensive laboratory surveillance but the majority of swine flu cases that we've seen in the past many years have, do have the direct animal exposure.

We've seen the cases without direct animal exposure but they tend to be rarer because we haven't yet under covered anyone with direct recent pig exposure and because we have these family clusters or school clusters. We really think the pattern is much more consistent with human-to-human spread.

And that's one of the issues we're exploring further in the active investigation.

Next question?

Operator: Thank you. Our next question comes from Maggie Fox, Reuters. Please go ahead.

Maggie Fox, Reuters: Can you tell us a little bit more about the genetic characterization of this virus. What virus it resembles? I also wondered whether you found this just because we're looking more intensely now or whether you think this is a newly occurring virus?

Schuchat: Thank you so much for that question. At this point we really cannot differentiate the idea that this is something completely that we were – from something that we found out about because we have much better surveillance.

We really strengthened our effort to track influenza during the season. We've strengthened laboratory capacities at the state health department and we've initiated reporting that is notifiable for detection of any untypable influenza strain.

So the Public Health system really knows that we want to know about these unusual occurrences. Ten years ago we were not doing that so we may be seeing something and actively investigating something that has happened many times before.

On the other hand the reason we've strengthened all these surveillance systems was to really be able to detect new problems early. And I think that it's very possible that this something new that hasn't been happening before.

In terms of the genetic characteristics, I would like to have Dr. Nancy Cox address those in more detail from what I've already said.

COX: Thank you very much. The virus that has caused these infections is viruses are actually very interesting. They contain genetic segments as Dr. Schuchat said from four different virus sources.

So we have some gene segments that are North American swine influenza viruses. Some gene segments North American avian influenza viruses. One gene segment from a human influenza virus and two gene segments that are normally found from swine influenza viruses in Asia and in Europe.

We actually have complete genomic sequencing done for the first influenza viruses that were isolated from the ten-year-old and the nine-year-old. Those two viruses are very similar but not identical to each other. Now we have partial gene sequences for two additional cases from California.

We've found that the gene sequences from the viruses causing infection in those individuals are very, very similar to those in the initial two cases. So, we're seeing basically a virus that appears to be spreading from person to person in humans and viruses have very similar genetic characteristics to each other.

Are there any other questions about the viruses?

Operator: Thank you. Our next question comes from Mary Brophy Marcus, USA Today. Please go ahead.

Mary Brophy Marcus, USA Today: Hi, I actually have two questions the first; do we have any idea about the infectious window for this particular strain of influenza?

Schuchat: You know, it's usually within a few days but can be as long as nine days at this point. So, we are looking at the, you know, a spectrum. Some of the cases that we are reporting occurred quite a while ago. But have now made it through the laboratory system.

And some of the cases occurred in the more recent past couple of weeks.

MARKCUS: Thank you and my other question is, I don't know if this really off base, but since there is no indication that there is a link with pigs to human spread currently and since this is a time of year when a lot of parents take their children to petting zoos and farms, I'm just wondering if there is any need for concern for families, you know, for visiting rural areas or agricultural fairs or petting zoos.

Schuchat: Thank you for that question. You know, petting zoos are very popular and they are also in a place where it's possible to catch infections, not necessarily swine influenza, but other infections.

So very good hand washing and other precautions is an important thing for parents to know about when they are out visiting such venues. In this investigation we are asking quite a few questions about agricultural fairs, petting zoos and the like.

I think that CDCs Web site does actually have guidance about petting zoos in general because we've had some other kind of outbreaks associated with them. We're not telling parents to change their behavior in terms of the petting zoos or agricultural fairs at this point.

Next question.

Operator: Thank you. Our next question comes from Keith Garza, San Diego Union Tribune. Please go ahead.

Keith Garza, San Diego Union Tribune: Yes, thanks. I'm interested in the additional cases particular in California, the three new cases. Are they located in either San Diego or Imperial County?

Schuchat: Yes. Thank you. I neglected to mention that. Two of the cases are in San Diego County and those are the father/daughter pair. One of the cases is in Imperial County. So the same two counties where we had the original two reports.

Of course, those are places where we're very actively looking so specimens that were available from those places were expedited in terms of our testing. We really do want state laboratories that if they have untypable influenza strains they should send them on here so that we can verify their origin.

We've had terrific cooperation with the California and with San Diego and Imperial Counties. Next question.

Operator: Thank you. Our next question comes from Elizabeth Allen, San Antonio Express News. Please go ahead.

Elizabeth Allen, San Antonio Express News: Good afternoon, the – you mentioned that you are working with numerous agencies and organizations on this and you talked about working with state labs. Are you also working directly with cities, such as the Metropolitan Health District in San Antonio or are they working with state labs, which are in turn communicating with you?

Schuchat: You know, we work through the states to work with locals such as cities and we're – our primary contact would be the Texas Health – the Texas State Health Department who would be actively working with cities and counties.

There are also our other, you know, hospital connections within the state. But our CDC direct link with the state. Next question.

Operator: Thank you, our next question is from Caleb Hellerman from CNN please go ahead.

Caleb Hellerman: Oh, hi, thanks so much for holding this briefing, it's very interesting. Actually, I had two quick questions. One was, if you could elaborate a little bit on the surveillance that initially picked up the initial two cases?

As I understand, there was some sort of pilot program where or testing that is not usually done and sort of wanted to find out more about that, actually that is my main question.

Schuchat: Thank you, yes the first two cases that were detected came from special surveillance activities. One was at a naval research facility where a special diagnostic test was being detected or was being studied. And one was at CDCs collaboration with – it's called the Border Infectious Disease Surveillance or Bids.

Where we are really actively working U.S. and Mexico studying or evaluating infectious diseases along the border, in that setting we have been not just looking for influenza like illness but actually, actively testing to see whether influenza like illness is truly from one of the influenza viruses.

And it was in those two contexts with actually more diagnostic testing then would happen in a routine clinic or office that the first two cases emerged. Next question.

Operator: Thank you, our next question comes from Yronna Ricco (ph) LaOpinion, please go Ahead.

Yronna Ricco (ph): Yes, hi, how can someone that has flu might know – if it's infected – what are the differences between this kind of flu and the regular flu?

Schuchat: That is a great question, thank you for asking that. It's important for people who are ill to take special precautions not to spread their illness and of course, to seek medical care when their more severely ill.

What is important is that your doctor or nurse knows that you have exposure in question here. The syndrome – the presenting symptoms may look just exactly like regular flu. There may be a little bit more diarrhea or vomiting then in regular flu. But the principal symptoms are fever, cough, sore throat, and occasionally now we are seeing diarrhea or vomiting.

So the doctors really need to take a special test to look for influenza and then the laboratories need to do special activities to detect this particular kind. So this isn't something that a person could tell by themselves at home. You would need to get a diagnostic test.

At this point, we're not asking people to change their, you know, to go to the doctor when they have a cold or flu were basically saying if your ill and would seek care please let your doctor know that you have had contact with someone else who is ill or that you had contact with pigs or if you are in the San Diego or Imperial County area or the San Antonio area we're really alerting the clinicians in that area to be thinking about this and to collect respiratory specimen that are needed to detect it.

Next question, please.

Operator: Thank you, our next question comes from Lisa Schnerring (ph), Sid Rap News (ph), please go ahead.

Lisa Schnerring (ph): Thanks so much for all the great information today. I have two quick questions. One, does the H1N1 component of this year's flu vaccine protect against this flu? And the other question I had is there any involvement that you know of, of illnesses across the borders, Canada, or Mexico?

Schuchat: Great, you know, at this point, we don't know yet about cross protection between this particular H1N1 strain and previous human H1N1 infections or the vaccine itself. There are active studies going on to understand possible cross protection just as you mentioned. It is a very important issue that we are looking into.

Of course, we think that getting the season flu vaccine is a good idea regardless of concerns about this particular swine infection. But at this point, we really don't know anything about that cross protection.

The second question you asked about was illness along the borders either with Mexico or Canada. And that is something that we're actively investigating. We are in regular contact with our counterparts in those countries. And, of course, interested in that particularly with the southern part of the U.S. cases and Mexico. Next question, please.

Operator: Thank you, our next question comes from Meredith Wadman with Nature Magazine, please go ahead.

Meredith Wadman: Hi, thanks for taking my question. I actually have two the first is in the five new cases you've described to us today at the Web site now is there a level of detail that I see in the MMWR case reports on the first two cases and if not can you go through the five. Obviously, you can't give that level of detail but give us the basics, the date of onset, the severity of the symptoms, the age, the sex, and so on.

Schuchat: The level of – there will be an MMWR with more information whether it will have as much detail about these five additional cases as we had for the first two I can't say.

The age ranges for the seven cases are from 9 years of age to 54. And the – and I guess the other information I don't have. So I think that would be something to look for, you know, the times I can give you are that it was yesterday when the three additional cases from California were confirmed as swine influenza with our laboratory testing here at CDC and it was very early this morning when the two cases from Texas we're confirmed here in our laboratory. So additional details, you know, case by case I don't have. And I'm not actually sure they'll be in the MMWR.

Nowak: This is Glenn Nowak. We believe that MMWR probably will be posted later today. So look for those details.

Operator: And I think, you know, it's – as I did say earlier, I think it's important for people to realize that we do expect to find more cases given the way we're very intensively looking and the nature of the cases that we have found so far.

We are fully expecting in the next several days at least, to find a number of additional cases. And so whether we share all of the details that we did with the first two in every update I'm not sure we'll be able to focus on that. Next question, please.

Operator: Thank you, our next question comes from Donald McNeil, The New York Times, please go ahead.

Donald Mcneil: Hi, thank you. These cases we're all spread out along the Mexican border. Are you in the – there has been reports that the Mexican authorities informed the Canadian authorities that they we're having a particularly bad flu season this year with a high case fatality rate. Can you tell us more about what you are doing? Are you typing cases from Mexico? Are these cases all among Mexican Americans or unusual number of them or anything more about a Mexican connection?

Schuchat: You know, that question about New Mexico is interesting and important. We're actively discussing our situation and the Mexico situation with Mexico and with the Pan America Health Organization.

At this point, we do not have any confirmations of swine influenza in Mexico. We are working with them in terms of understanding what their seeing clinically as well as the virus characteristics of what they are seeing.

The – and I – the other question was about Mexican American. At this point, those details I don't have all though I am – I think it is important to say that we are – there are some reasons why cases along the border might have come to our attention more readily than elsewhere, partly because we have this border infectious disease surveillance system, which found one of the two original cases. And partly, because in San Diego the naval facility there has been doing special active surveillance for influenza like illness in the outpatient setting.

So that type of intensive type surveillance is not happening everywhere in the country. On the other hand, we are in close contact with Mexico to understand their situation and to share information that we have. And as we learn, more we'll share it, next question.

Operator: Thank you are next question comes from Amy Burkholder, CBS Evening News.

Amy Burkholder: Yes, hi, thank you very much. CDC said yesterday, that a flight crew was being tested after exposure to somebody with this swine flu. Can you give us any results on those tests? Have any members of the crew tested positive?

Schuchat: You know, I've shared with you all of the positive results that we have right now. The seven cases that we have do not include any flight crewmembers. We are in an active investigation mode so that each individual case with confirmed swine influenza prompts a contact tracing investigation that is much more aggressive than we would do with a routine season influenza patient.

So we are in the process of identifying contacts and trying to understand whether or not they were ill and whether or not there is any evidence of history – laboratory evidence of swine influenza in them. We have no results that I am aware of suggesting crewmembers having swine influenza at this point.

But as I said, we're in an active phase and we'll be sharing results as we get them. Next question.

Operator: Thank you, are next question comes from Richard Knox, National Public Radio, please go ahead.

Richard Knox: Hi, thanks very much, I appreciate it. Two different kinds of questions. One, is can you tell us anything more about what the aviance (ph) sequence has been found in any of these viruses and what that might imply? And whether you've ever seen before such a desperate mixing from four different strains in a single virus as well?

Schuchat: Yes, let me actually answer that and then offer that we could get you more information in follow-up. I think it's – the virus – what we have is unusual the reassortant (ph) with these four genetic sequences is unusual. The avian (ph) lineage I don't have that information and if it's available we can try to get it for you later.

But I would say this is unusual and I like to preference that by saying, we're looking a lot more intensively and so we may be finding more unusual things and we are really trying to have a balance of taking this very seriously. Actively investigating, sharing information as we have it, and trying to convey the idea that we really can't differentiate whether this is truly new versus that we have a better situational awareness now. Next question.

Operator: Thank you, our next question comes from Martin Enserink, Science Magazine, please go ahead.

Martin Enserink: Hello, and thank you. You mentioned that your – you are preparing this strain as a (seat) for a vaccine. I wonder if you could tell me a little bit more about that? And also if you are taking additional steps for the preparation of a vaccine? And so have you been in contact already with vaccine producers and ask them what it would take to switch to the production of these vaccines, for instance.

Schuchat: I didn't actually catch too much of that but I think you were asking about us preparing a vaccine strain and whether we could talk a little bit more about that. Is that what your question was? If that's your question would you like to – we'll let Dr. Cox give you sort of a very high-level description of what's going on even though you're science – OK.

Cox: Thank you for that question. I'd like to really place our activities to produce a vaccine candidate strain within the context of our normal activities. Whenever we find a virus that is different, that is to say it's anagenically (ph) directed from the seasonal strains that have been circulating previously.

Or, in the case of H5, whenever we see a virus that's different from the candidate vaccine viruses that we've already produced, we go ahead and make a candidate vaccine virus for this new virus. So this is within the context of what we normally do. This is actually standard operating procedure for us.

In terms of a timeline, of course, it takes us several weeks to produce a candidate vaccine virus and have it tested and so on. And certainly a candidate vaccine virus can be used in a variety of different ways, in the laboratory, as a reagent and so on. So it would be very useful to have this and we consider this to be in our library of candidate vaccine viruses should we need to use it.

Thank you very much.

Nowak: Thank you. We have time for two more questions.

Operator: Thank you. Our next question comes from Judy Silverman, NBC News.

Judy Silverman: I'd like to know the timeline when these cases occurred, these seven cases, from when to when?

COX: Yes. The details that I have are that the earliest onset was March 28 and that the more recent ones are, I believe, April 19. That may not be accurate and on our Web site we will have the accurate information. But these are, you know, ranging from that early, that late March time line to quite a bit more recently.

So the last question? So the last question if there is one?

Operator: Thank you. Our final question comes from Collen Zachary-Chuck (ph), Infectious Disease. Please go ahead.

Collen Zachary-Chuck (ph): Hi, thanks for doing this. I just wanted to double check; do you guys think that this seems kind of like a late presentation for these flu – for the flu to be presenting? Is that typical for California or do you think it's probably due to some of the vaccine maybe having (frost protection) affect? Can you guess on that?

COX: Let me clarify. This is very late for seasonal influenza. The routine kind of influenza strains that we see every year. That's declining. The regular season is in its pale really. What we're seeing now is different. It's not seasonal influenza, it's what we call Swine Influenza. Has different characteristics and we don't really see enough of it in people to have a seasonality.

These are quite unusual cases. It's in fact a little bit easier that it's occurring now in the end of the influenza season because we don't have so much noise or so much background influenza to look through. But it is, you know, initially we want to take very special measures to make sure this really was a different strain because sometimes towards the end of a season it can be harder to take the strains that are just regular flu. So this is not routine seasonal flu it's just occurring at the tail end of the seasonal – of the season of regular influenza.

So thank you for your questions and look to our Web site for more information.

Nowak: One of the things we hope to do yet today is publish the (MMWR) dispatch that will be made available at CDCs Web site. We will also be posting tomorrow morning the transcripts from this teleconference. If reporters have additional questions the CBC press office is available at 404-639-3286. And again, I thank you for your time and participation this afternoon and look for, as I mentioned, updates on our Web sites, including 3:00 every day. Thank you.

End

USA Today

Robin McDowell

Mexican swine flu deaths raise epidemic fears; 8 ill in U.S.

USA Today/Associated Press, 23 April 2009
https://usatoday30.usatoday.com/news/health/2009-04-23-swine-flu_N.htm

Mexican authorities said 60 people may have died from a swine flu virus in Mexico, and world health officials worry it could unleash a global flu epidemic. Mexico City has closed museums, libraries, and state-run theaters as well as schools on Friday in hopes of containing the outbreak that has sickened more than 900.

The U.S. Centers for Disease Control and Prevention says tests show some of the Mexico victims died from the same new strain of swine flu that sickened eight people in Texas and California. It's a frightening new strain that combines genetic material from pigs, birds and humans.

The White House says President Barack Obama is being updated on the swine flu outbreak in Mexico.

White House spokesman Robert Gibbs said Friday the Homeland Security Council is monitoring the situation, along with the State Department and the CDC. Gibbs says Homeland Security Adviser John Brennan is leading the White House's response and that Obama was not at risk during last week's trip to Mexico.

The World Health Organization was looking closely at the 60 deaths – most of them in or near Mexico's 20-million person capital. It wasn't yet clear what flu they died from, but spokesman Thomas Abraham said "We are very, very concerned."

"We have what appears to be a novel virus and it has spread from human to human," he said. "It's all hands on deck at the moment."

WHO raised its internal alert system Friday, preparing to divert more money and personnel to dealing with the outbreak.

President Felipe Calderon cancelled a trip and met with his Cabinet to coordinate Mexico's response. The government has 500,000 flu vaccines and planned to administer them to health workers, the highest risk group.

There are no vaccines available for the general public in Mexico, and authorities urged people to avoid hospitals unless they had a medical emergency, since hospitals are centers of infection.

They also said Mexicans should refrain from customary greetings such as shaking hands or kissing cheeks, and authorities at Mexico City's international airport were questioning passengers to try to prevent anybody with possible influenza from boarding airplanes and spreading the disease.

But the U.S. Centers for Disease Control and Prevention said Americans need not avoid traveling to Mexico, as long as they take the usual precautions, such as frequent handwashing.

Mexico's Health Secretary, Jose Cordova, said only 16 of the deaths have been confirmed as the new swine flu strain, and that government laboratories were testing samples from 44 other people who died. At least 943 nationwide were sick from the suspected flu, the health department said.

"We certainly have 60 deaths that we can't be sure are from the same virus, but it is probable," Cordova said, adding that samples were sent to the CDC to look for matches with the virus that infected seven people in Texas and California.

Cordova called it a "new, different strain ... that originally came from pigs."

Epidemiologists are particularly concerned because the only people killed so far were normally less-vulnerable young people and adults. It's possible that more vulnerable populations – infants and the aged — had been vaccinated against other strains, and that those vaccines may be providing some protection.

Dr. Anne Schuchat of the CDC said "at this point, we do not have any confirmations of swine influenza in Mexico" of the kind that sickened seven California and Texas residents. All seven recovered from symptoms that were like those of the regular flu, mostly involving fever, cough and sore throat, though some of the seven also experienced vomiting and diarrhea.

Scientists have long been concerned that a new flu virus could launch a pandemic, a worldwide spread of a killer disease. A new virus could evolve when different flu viruses infect a pig, a person or a bird, mingling their genetic material. The resulting hybrid could spread quickly because people would have no natural defenses against it.

The most notorious flu pandemic is thought to have killed at least 40 million people worldwide in 1918-19. Two other, less deadly flu pandemics struck in 1957 and 1968.

Nobody can predict when pandemics will happen. Scientists had been concerned about swine flu in 1976, for example, and some 40 million Americans were vaccinated. No flu pandemic ever appeared, but thousands of vaccinated people filed claims saying they'd suffered a paralyzing condition and other side effects from the shots.

In recent years, scientists have been particularly concerned about birds. There have been deaths from bird flu, mostly in Asia, but the virus has so far been unable to spread from person to person easily enough to touch off a pandemic.

Closing the schools across the metropolis of 20 million kept 6.1 million students home from day care centers through high schools, and thousands more were affected as colleges and universities closed down. Parents scrambled to juggle work and family concerns due to what local media said was the first citywide schools closure since Mexico City's devastating 1985 earthquake.

Authorities also advised capital residents not to go to work if they felt ill, and to wear surgical masks if they had to move through crowds. A wider shutdown – perhaps including shutting down government offices – was being considered.

"It is very likely that classes will be suspended for several days," Cordova said. "We will have to evaluate, and let's hope this doesn't happen, the need to restrict activity at workplaces."

Mexico's initial response in its overcrowded capital brought to mind other major outbreaks – such as when SARS hit Asia. At its peak in 2003, Beijing was the hardest-hit city in the world. Schools, cinemas and restaurants were shuttered to prevent the spread the deadly respiratory virus, and thousands of people were quarantined at home.

In March 2008, Hong Kong ordered more than a half million young students to stay home for two weeks because of a flu outbreak. It was the first such closure in Hong Kong since the outbreak of SARS, or severe acute respiratory syndrome.

Lillian Molina and other teachers at the Montessori's World preschool scrubbed down their empty classrooms with Clorox, soap and Lysol on Friday between fielding calls from worried parents. While the school has had no known cases among its students, Molina supported the government's decision to shutter classes, especially in preschools.

"It's great they are taking precautions," she said. "I think it's a really good idea."

Still, U.S. health officials said it's not yet a reason for alarm in the United States. The five in California and two in Texas have all recovered, and testing indicates some common antiviral medications seem to work against the virus.

Schuchat of the CDC said officials believe the new strain can spread human-to-human, which is unusual for a swine flu virus. The CDC is checking people who have been in contact with the seven confirmed U.S. cases, who all became ill between late March and mid-April.

The U.S. cases are a growing medical mystery because it's unclear how they caught the virus. The CDC said none of the seven people were in contact with pigs, which is how people usually catch swine flu. And only a few were in contact with each other.

CDC officials described the virus as having a unique combination of gene segments not seen in people or pigs before. The bug contains human virus, avian virus from North America and pig viruses from North America, Europe and Asia.

Health officials have seen mixes of bird, pig and human virus before, but never such an intercontinental combination with more than one pig virus in the mix.

Scientists keep a close eye on flu viruses that emerge from pigs. The animals are considered particularly susceptible to both avian and human viruses and a likely place where the kind of genetic reassortment can take place that might lead to a new form of pandemic flu, said Dr. John Treanor, an infectious disease specialist at the University of Rochester Medical Center.

The virus may be something completely new, or it may have been around for a while but was only detected now because of improved lab testing and disease surveillance, CDC officials said.

The virus was first detected in two children in southern California – a 10-year-old boy in San Diego County and a 9-year-old girl in neighboring Imperial County.

It's not known if the seasonal flu vaccine Americans got this winter protects against this type of virus. People should wash their hands and take other precautions, CDC officials said.

CIDRAP

Lisa Schnirring

Labs confirm same swine flu in deadly Mexican outbreaks

CIDRAP, 24 April 2009
https://www.cidrap.umn.edu/news-perspective/2009/04/labs-confirm-same-swine-flu-deadly-mexican-outbreaks

Apr 24, 2009 (CIDRAP News) – Samples from a deadly respiratory illness outbreak in Mexico match swine influenza isolates from patients in the United States who had milder illnesses, an official from the US Centers for Disease Control and Prevention (CDC) said today, fueling speculation that the World Health Organization (WHO) could be on the verge of raising the global pandemic alert level.

Richard Besser, MD, the CDC's acting director, told reporters today during a press teleconference that the development is worrisome. "Our concern has grown since yesterday, based on what we've learned," he said. "We do not know if this will lead to the next pandemic, but our scientists are monitoring it and take the threat very seriously."

The swine flu A/H1N1 strain has been confirmed in one more US citizen, a child from San Diego who has recovered, raising the total number of US cases to eight, Besser said. The virus contains gene segments from four different influenza types: North American swine, North American avian, human, and Eurasian swine.

The WHO said today that Mexican officials have reported three separate events. In the Federal District, the number of cases rose steadily through April, and as of yesterday, more than 854 cases of pneumonia, 59 of them fatal, had been reported in Mexico City.

The illness outbreak in Mexico City prompted the country's health minister, Jose Cordova, to cancel classes in Mexico City today and advise students and adults to avoid crowded public places and large events, Bloomberg News reported.

Mexican officials also reported 24 cases with 3 deaths from an influenza-like illness in San Luis Potosi, in the central part of the country, and 4 cases with no deaths in Mexicali, near the US border, the WHO reported.

The virus in Mexico has primarily struck otherwise healthy young adults, the WHO said, which is a departure from seasonal influenza, which typically affects the very young and very old.

The CDC's laboratory analyzed 14 samples from severely ill Mexican patients and found that 7 of them had the same swine flu mix as the virus that infected the US patients. However, Besser called the analysis preliminary and said the CDC doesn't yet have enough information to draw conclusions. "We still don't have enough information about the extent of the spread or the illness spectrum."

The WHO said today Canada's national laboratory has confirmed swine flu A/H1N1 in 18 isolates from Mexican patients, of which 12 were genetically identical to the swine flu viruses from California.

The WHO and CDC both said they were sending representatives to Mexico to assist local authorities, and the WHO said it has alerted its Global Alert and Response Network.

Besser said the WHO will likely convene an expert panel to discuss raising the pandemic alert level from 3 (human infection with new influenza subtype with only rare human-to-human spread) to 4 (small clusters with localized human-to-human transmission). He said the experts will consider three factors: the novelty of the virus, disease severity, and how easily transmission of the virus is sustained.

Global health officials might consider a containment strategy such as dispatching antiviral medications to affected parts of Mexico in an attempt to stop the spread of the virus, but Besser said that such a measure might not work, because there are signs that the virus has already spread from human to human over long distances. "A focused, well defined area is not something we've seen here," he said.

CDC officials have said the swine flu A/H1N1 virus is susceptible to the newer antivirals oseltamivir (Tamiflu) and zanamivir (Relenza), but not the older ones, amantadine and rimantadine.

Jeff McLaughlin, a spokesman for GlaxoSmithKline, the maker of Relenza, told CIDRAP News that the company is watching the swine flu developments closely. Terry Hurley, a spokesman for Roche, which produces Tamiflu, said its "rapid response stockpile" is on 24-hour standby, as usual, for deployment to the WHO, which has not yet requested it.

The threat from the swine flu virus serves as a reminder for individuals and businesses to think about their own level of preparedness, Besser said. "This is a time for people to be thinking about that teachable moment."

So far, federal officials have not changed their travel recommendations to California, Texas, or Mexico, though they have issued an advisory about the increased health risk in certain parts of Mexico, urging travelers to take standard precautions such hand washing, staying home when sick, and using good coughing and sneezing hygiene.

World Health Organization

Influenza-like illness in the United States and Mexico 2009 – Mexico

Geneva, WHO, 24 April 2009
https://www.who.int/emergencies/disease-outbreak-news/item/2009_04_24-en

24 April 2009 - The United States Government has reported seven confirmed human cases of Swine Influenza A/H1N1 in the USA (five in California and two in Texas) and nine suspect cases. All seven confirmed cases had mild Influenza-Like Illness (ILI), with only one requiring brief hospitalization. No deaths have been reported.

The Government of Mexico has reported three separate events. In the Federal District of Mexico, surveillance began picking up cases of ILI starting 18 March. The number of cases has risen steadily through April and as of 23 April there are now more than 854 cases of pneumonia from the capital. Of those, 59 have died. In San Luis Potosi, in central Mexico, 24 cases of ILI, with three deaths, have been reported. And from Mexicali, near the border with the United States, four cases of ILI, with no deaths, have been reported.

Of the Mexican cases, 18 have been laboratory confirmed in Canada as Swine Influenza A/H1N1, while 12 of those are genetically identical to the Swine Influenza A/H1N1 viruses from California.

The majority of these cases have occurred in otherwise healthy young adults. Influenza normally affects the very young and the very old, but these age groups have not been heavily affected in Mexico.

Because there are human cases associated with an animal influenza virus, and because of the geographical spread of multiple community outbreaks, plus the somewhat unusual age groups affected, these events are of high concern.

The Swine Influenza A/H1N1 viruses characterized in this outbreak have not been previously detected in pigs or humans. The viruses so far characterized have been sensitive to oseltamivir, but resistant to both amantadine and rimantadine.

The World Health Organization has been in constant contact with the health authorities in the United States, Mexico and Canada in order to better understand the risk which these ILI events pose. WHO (and PAHO) is sending missions of experts to Mexico to work with health authorities there. It is helping its Member States to increase field epidemiology activities, laboratory diagnosis and clinical management. Moreover, WHO's partners in the Global Alert and Response Network have been alerted and are ready to assist as requested by the Member States.

WHO acknowledges the United States and Mexico for their proactive reporting and their collaboration with WHO and will continue to work with Member States to further characterize the outbreak.

news.com.au

New flu combines pig, bird, human virus

News Com / Reuters, 24 April 2009, 11:13 am
https://web.archive.org/web/20090427144913/http://www.news.com.au/story/0,27574,25379334-401,00.html

Seven people have been diagnosed with a strange and unusual new kind of swine flu in California and Texas, the US Centers for Disease Control and Prevention reported.

All seven people have recovered but the virus itself is a never-before-seen mixture of viruses typical among pigs, birds and humans, the CDC said.

"We are likely to find more cases," the CDC's Dr Anne Schuchat said.

"We don't think this is time for major concern around the country."

However, some experts fear this strain, or another strain, could spark a pandemic that could kill millions.

Strange mixture

Unusually, the viruses all appear to carry genes from swine flu, avian flu and human flu viruses from North America, Europe and Asia.

"We haven't seen this strain before, but we hadn't been looking as intensively as we have," Dr Schuchat said.

"It's very possible that this is something new that hasn't been happening before."

The CDC reported the new strain of swine flu on Tuesday in two boys from California's two southernmost counties.

Now, five more cases have been seen - all found via normal surveillance for seasonal influenza.

None of the patients, whose symptoms closely resembled seasonal flu, had any direct contact with pigs.

Human-to-human spread

"We believe at this point that human-to-human spread is occurring," Dr Schuchat said.

"That's unusual. We don't know yet how widely it is spreading.

"We are also working with international partners to understand what is occurring in other parts of the world."

Two of the new cases were among 16-year-olds at the same school in San Antonio "and there's a father-daughter pair in California," Dr Schuchat said.

Surveillance for and scrutiny of influenza has been stepped up since 2003, when highly pathogenic H5N1 avian influenza reappeared in Asia.

H5N1 currently only rarely infects people but has killed 257 out of 421 infected in 15 countries since 2003, according to the World Health Organisation.

The influenza strain is an H1N1, the same family as one of the seasonal flu viruses now circulating.

Undetectable at home

Now that the normal influenza season is waning, it may be easier to spot cases of the new swine flu, Dr Schuchat said.

Only one of the seven cases was sick enough to be hospitalised and all have recovered.

"This isn't something that a person could detect at home," she said.

The new cases appear to have somewhat more vomiting and diarrhea than is usually seen in flu, which mostly causes coughing, fever, sore throat and muscle aches.

The CDC is already preparing a vaccine against the new strain. The agency will issue daily updates at http://www.cdc.gov/flu/swine/investigation.htm.

Centers for Disease Control and Prevention
Your Online Source for Credible Health Information

Richard Besser

CDC Briefing on Public Health Investigation of Human Cases of Swine Influenza

CDC, Press Briefing Transcripts, 24 April 2009, 2:30 p.m. EST
https://www.cdc.gov/media/transcripts/2009/t090424.htm

GLENN (ph): I'm a chief of media relations here at the Center for Disease Control Prevention, and we're here to give an update on human swine food investigation and cases. With us today is Dr. Richard Besser. Dr. Besser is the acting director at the Centers for Disease Control and Prevention, and I will turn the microphone over to Dr. Besser.

Richard Besser, Acting Director, Centers for Disease Control and Prevention:
Thanks very much, Glenn (ph).

I want to welcome you to today's update on the human swine flu situation. As with yesterday, our goal today is to provide an update on what we know as well as some of the important initial public health actions we're taking with respect to the recently identified cases of human infection with swine influenza.

Before I talk about the cases and specific actions, I want to recognize some initial guiding concepts. First I want to recognize that people are concerned about this situation. We hear from the public and from others about their concern, and we are worried, as well. Our concern has grown since yesterday in light of what we've learned since then.

I want to acknowledge the importance of uncertainty. At the early stages of an outbreak, there's much uncertainty, and probably more than everyone would like. Our guidelines and advice our likely to be interim and fluid, subject to change as we learn more. We're moving quickly to learn as much as possible and working with many local state and international partners to do so.

I want to recognize that while we're moving fast, it's very likely that this will be more of a marathon than a sprint. I want to acknowledge change. Our recommendations, advice, approaches will likely change as we learn more about the virus and we learn more about its transmission.

I want to acknowledge that we're likely to see local approaches to controlling the spread of this virus, and that's important; that can be beneficial; that can teach us things that we want to use in other parts of the country and that other people in other places may find useful. Because things are changing, because flu viruses are unpredictable and because there will be local adaptation, it's likely that any given moment there will be confusing – or may be confusing or conflicting information available. We are very committed to minimizing and that where we find that, clearing up any of that misconception.

So on to today's update. The United States Government is working with the World Health Organization and other international partners to ensure early detection and warning and to respond as rapidly as possible to this threat in order to lessen its potential health and socioeconomic impact. We're committed to sharing any new information with our international partners and with the public as it becomes available. We do not know whether this swine flu virus or some other influenza virus will lead to the next pandemic; however, scientists around the world continue to monitor the virus and take its threat seriously. The Government of the United States strongly supports the International Health Regulation, which establish a framework for effective international cooperation in monitoring, reporting, and responding to public health emergencies of international concern.

To on today's update of confirmed cases. Yesterday we reported we had confirmed a total of seven cases in the United States. Today, we've confirmed one additional case in California, bringing the total number of U.S. confirmed cases to eight. The most recently confirmed case involved a child in the San Diego area, who has recovered. Today, Mexico's Minister of Health confirmed that they have cases of swine influenza in people and that they believe some of the people who were infected died from swine influenza.

While we are now working with health officials in Mexico, we're very early on in those efforts. We've only tested a very limited number of samples from Mexico, and we do not have enough information to fully assess the health threat posed by this swine flu virus. We've tested 14 samples from Mexico, and seven of those tested positive. We also only had eight confirmed cases in the United States, which makes it hard to draw conclusions about the full spectrum of the clinical picture. We need more comprehensive laboratory analyses and a better understanding of what's really going on with respect to the number of people who experience influenza-like illness in Mexico. We still do not have enough information to give us any sense of the extent of spread of this virus, and the illness spectrum is not currently known.

I want to go over some of the CDC and other public health agency actions that have been taken. We're working very closely with state and local officials in California, Texas as well as with health officials in Mexico, Canada and the World Health Organization. CDC has sent teams to California and will be sending a team to Texas to assist state and local health officials in identifying people who are potentially infected, contacting people who lived with or were in extended close contact with confirmed cases and helping on laboratory work. CDC expects to send people to Mexico to assist in the public health efforts there.

In terms of our travel recommendations, at this time there are no recommendations for U.S. travelers to change, restrict or alter their travel plans to Texas, California or Mexico. CDC will be issuing today an outbreak notice for American travelers to Central Mexico and Mexico City. A CDC outbreak notice is designed to inform travelers of an increased health risk due to an outbreak in a limited geographic area. Outbreak notices also get reminders about standard or enhanced recommendations for the region. In this case, we're reminding travelers about our standard recommendation. Based on the currently available information, CDC is not recommending any additional precautions for travelers to California, Texas or Mexico. Our standard recommendations, however, do remain in place. Cover your cough or your sneeze, wash your hands frequently and see your doctor if you have fever, cough, sore throat, body aches, headache, chills and fatigue, and we do want people to realize that some people have reported diarrhea and vomiting associated with the swine flu.

Some other specific CDC actions include posting of another MMWR health dispatch. That will be up later this afternoon. This puts forth our latest recommendations, and as we've noted before, these include that clinicians should consider swine flu in the differential diagnosis of patients with febrile respiratory illness who live in San Diego in and Imperial County in California and Guadalupe County in Texas or have traveled to these areas or been in contact with ill persons from these areas on the seven days before their illness onset.

CDC requests that state public health laboratories and all influenza specimens that cannot be subtyped to the CDC Influenza Division (borrows) surveillance and diagnostics branch laboratory. And as a precautionary step, the CDC is working to develop vaccine seed strains specific to these recent swine influenza viruses in humans. This is also something we often initiate when we encounter a new influenza virus that has the potential to cause significant human illness.

We've created a web page with information and updates. We encourage the public and the media to visit this web site for information. It's cdc.gov/flu/swine. But you can get it from our main web site; there's a link there. We also have a CDC information line that's set up, and that's 1-800-CDC-INFO.

I'd now like to open it up to questions. We'll begin with some questions in the room, and then we'll move on to some from the – from the phone bridge.

UNIDENTIFIED PARTICIPANT: Our first question.

UNIDENTIFIED PARTICIPANT: (Inaudible) here in Atlanta you talked a little bit about today you're growing more concerned. Tell us a little bit about why more concerned today.

BESSER: Well, what we've learned from yesterday when we spoke with you and today is that the cluster of cases that we're seeing in Mexico is being attributed to the swine flu virus. What we are seeing here in the United States so far are eight cases of swine flu, primarily mild disease. All have recovered. Only one of the eight has been hospitalized. It's really critically important we learn more about what's going on in Mexico because reports from Mexico are raising concerns about much more severe disease, and in that – in Mexico individuals who have died. We do know or have heard from the health officials in Mexico that there are other influenza viruses that are circling there. They are other viruses – respiratory viruses circulating, and so sorting out what is caused potentially by the swine flu virus, what is caused by other or what could be caused by co-infection, those are important public health questions.

LAURIE DANIEL, NBC NEWS: Hi. Laurie Daniel, NBC News. Can you reconfirm is there a travel domestic restrictions that there is Mexico restrictions?

BESSER: We don't have restrictions for travel domestically or to Mexico. What we've posted is something that we do all the time, and that's an outbreak notice so that individuals who may be traveling to that area will be aware that there is an outbreak of respiratory infection and can decide for themselves whether to travel, and if they travel what precautions to take.

Let me go to the phone for a question, then we'll go back and forth. We'll take the next question from the phone bridge, please.

OPERATOR: The question is from Helen Branswell (ph). Your line is open.

HELEN BRANSWELL (ph): Hi, Dr. Besser. Thanks so much for doing this. I'm wondering if you can tell me, the samples that you've tested from Mexico that tested positive, has any at least preliminary sequencing of the virus isolates been done? Can you say anything about how closely related they are to the isolates you have from the California cases, and also I'm wondering if you are talking to vaccine manufacturers about potentially ceasing production of seasonal flu vaccine for next fall and starting up production of a swine flu vaccine?

BESSER: Thanks, Helen (ph). As I said, the analyses of the – of the virus are preliminary. We've been looking at one part of the virus, and what we're seeing in that part of the virus is similarity. But the more detailed analysis of the whole genome has not taken place.

In terms of the scale up for vaccine, what we have done is created a feed stock for this virus which is something we do whenever we see a new novel strain of influenza that cause disease, and then as part of that we would need to explore with the manufacturers what it would take to be able to scale up vaccine production. At this point we have not made any decisions regarding the need for manufacturing of vaccine, but we thought it was prudent to develop that feed stock.

BRANSWELL (ph): Can I ask a follow-up question?

BESSER: Sure.

BRANSWELL (ph): What pandemic threat level are we actually at today?

BESSER: So far there has not been any change in the pandemic threat level. The World Health Organization will be looking at the situation that's occurring in Mexico and will be convening – most likely convening their group of experts to address that situation. As Dr. Shook (ph) had talked about yesterday, there are really three things we want to look for when we're thinking about whether a virus is causing a new pandemic. One is is it new? In order to cause a pandemic, you need a virus to which the majority of the population does not have protection or immunity. Does it cause severe disease? There are probably new viruses that appear all the time that don't cause severe disease, but with an influenza virus, one of the factors we look at is the severity of disease. And then the third factor is whether it's easily transmissible and sustainable in a population. So those are the three factors that WHO would be considering when they look at the threat level.

In the room. We'll go back to the phone bridge, please.

OPERATOR: The next is from David Brown, Washington Post. Your line is open.

DAVID BROWN, WASHINGTON POST: Yes, thanks. Acknowledging that the investigation is still under way, can you give us some sense of what you have heard about the number of cases and the number of deaths in Mexico, because it's been – there's been some reports of 60 deaths, hundreds of cases, and it would be nice to know what sort of order of magnitude we're talking about.

BESSER: Yes, you know I think that that's a really important question, and we look forward to understanding more about the numbers from Mexico. I'd refer you to the Mexican Government for that as well as the World Health Organization, which will be starting to report on cases reported to them. We're not in a position here to report on the number of cases and severity going on in Mexico. We are offering support to the Mexican Government in terms of epidemiologists and laboratory scientists to help with their investigation.

BROWN: OK, can I ask a follow-up? There's also been a report that their – the attack rate and severity is greater in sort of young adults, you know the kind of 19, 18 picture, young adults, teenagers rather than children and the elderly. Have you heard that also?

BESSER: Yes, I think that exploring the epidemiology, understanding who is getting sick in Mexico is critically important, and it's premature to comment on that, but with a pandemic one of the things that you frequently see is infection in younger adults, a population that usually doesn't get as severe disease from a seasonal flu outbreak.

In the room? Yes.

JOHN CATER (ph), WXI 11 (ph): John Cater (ph) from WXI 11 (ph), a live news out of Atlanta. Just wondering is there a common thread that the patients in the cases that you've seen in the United States and Texas and California that each one of these people had?

BESSER: That's a great question, and that's what we're looking for. So far we've not been able to identify that. We've not been able to identify a common exposure or a common behavior that they've had, and when you're doing an outbreak investigation, that's what you're looking for because that can give you a window into how can you potentially control – how is the virus spread and how can you potentially control the spread. The number of cases we've identified in the United States, eight, is not very many, and so we are doing intensive looking to see are there cases out there that have gone undiagnosed, looking both in the clinic setting as well as in hospitals. Are there patients in hospitals with pneumonia where a diagnosis wasn't made who may, in fact, have this infection. So far we haven't identified any.

Phone line?

OPERATOR: The next is from Rob Spine (ph), Washington Post. Your line is open.

ROB SPINE (ph), Washington Post: Yes, hi. Thanks very much for taking this. I just was hoping you could elaborate a little bit more on the analysis of the strains you've gotten from Mexico. You said you analyzed 14, and 7 tested positive for the swine flu, and you see it looks like there's a match. So are all seven of those who tested positive, did they match the strains in the United States?

BESSER: Yes, all seven isolates were matched based on the genetic component we analyzed it matched the strains that we've seen here in the United States.

UNIDENTIFIED PARTICIPANT: Great, thanks very much. And so do you have any sense of why there is such a difference in illness that it's causing? Mild illness in this country and apparently severe illness in Mexico?

BESSER: That's one of the analysis that both the laboratory will be working on and see are there any factors related to (inaudible) related to various disease that differ between the strains. As well as something that we'll be looking at as part of the epidemiologic investigation to see are there other factors that would give us an answer as to why they're seeing more severe disease in Mexico.

In the room? We'll go back to the phone bridge.

OPERATOR: The next is from Betsy McKay, Wall Street Journal, your line is open.

BETSY MCKAY, WALL STREET JOURNAL: Hi, Dr. Besser. Thank you. Just to follow-up on the previous question about the seven strains do you know who those seven strains are from? In other words are any of these I mean of these seven samples are any of them from people who died in Mexico? That's the first question.

And secondly do you have any information on what links the U.S. cases may have to Mexico or were they Mexican-Americans, have they traveled or been in contact with family who traveled to and from Mexico?

BESSER: Thanks, Betsy, the first question was…?

MCKAY: The seven…

BESSER: Yes…

MCKAY: Are any of them connected – are any of them from people who died?

BESSER: We have not received detailed case information on the seven patients. We do understand that they were taken from individuals with severe disease. But we're looking to get more detailed information about that in terms of their ages and the clinical course.

In terms of your second question, yes…

MCKAY: (INAUDIBLE).

BESSER: We're in the process of working on those case investigations. My understanding is that one of the cases in San Diego had traveled to Mexico. Having lived in San Diego myself traveling to Mexico is a very common behavior and so, you know, it's hard to put any risk on that from what we know so far.

Question in the room? Back to the phone bridge.

OPERATOR: The next is from Daniel DeNoon, WebMD. Your line is open.

DANIEL DENOON, WEBMD: Thanks very much, Dr. Besser so we hope this is going to be limited in Mexico and nothing is going to happen but can you walk me through what the scenario might be that would trigger a higher level of concern?

In other words what might we see happen that would get CDC to move on? And can you tell me if we did move on to a higher level of preparedness what that would look like and how we would proceed exactly?

BESSER: There has been extensive planning across the federal government, across federal, state and local governments within the private sector, in schools. Our communities have been planning for pandemic influenza for many, many years.

We don't know that this strain will develop into a pandemic strain. But the level of planning that has taken place in this country in unprecedented. And I think will allow us to respond in ways that we would not have been able to respond had this occurred 10 years ago.

At this point we don't know what actions will need to be taken. There is a lot of work that's been going on around community control of a pandemic virus and what needs to take place. The type of activities that need to take place depend on the severity of the virus. And, you know, I'd refer you to our Web site on pandemic flu planning to see the detailed guidance around those types of steps.

Again, though in terms of this situation and this swine flu we are not at the point and WHO is not at the point of declaring a pandemic. We are at the point of trying to learn more about this virus and understand the transmission and how to control it.

Another question from the phone bridge?

OPERATOR: Richard Knox, National Public Radio your line is open.

RICHARD KNOX, NATIONAL PUBLIC RADIO: It seems as though from what has been reported that it's likely – more likely than not that the conditions may be met to raise the level of pandemic alert to level four; novel virus, severe disease and fairly efficient or widespread (inaudible) transmission.

When do you think you'll have enough information and WHO is likely to have enough information to make that determination? And I have a follow-up too if I may.

BESSER: You know, we are working very closely with the World Health Organization. We've been in direct contact with the Director General, Dr. Chan and the Deputy Director of PAHO having discussions around those questions as well as general control questions for this particular virus. And they convene an expert panel to look at the conditions to determine whether or not we should elevate the status.

When we look at what actions we take though we look at actions on the ground. And so what you're seeing is a lot of activity around San Diego, a lot of activity in one part of Texas, a lot of activity in certain parts of Mexico. And that's because that's where we're seeing disease occurring. What we expect to be seeing is that people start thinking about their own preparedness.

What would they do if there were a pandemic? What would they do if there were a new disease in their community? It's all about general preparedness and I'd refer you to our Web site to get ideas as to what people could do as part of general preparedness.

There has been a lot of business planning going on around if there were a pandemic what would businesses do? School planning around what would they do. This is the time for people to be thinking about that. And, again, it's not because we have information that this will develop into a pandemic strain but it's a time where there is a teachable moment and people can take some action around preparedness.

KNOX: So, you're not prepared now to say how long it's likely to be before we know whether those conditions will be satisfied or not?

BESSER: No, but, you know, my initial comments that we're moving quickly. That we are being very aggressive in our approach. We are taking this very seriously. That applies not just to our activities here at the Centers for Disease Control and Prevention but that goes for the thinking at the World Health Organization.

So, I expect that each day we're going to be evaluating the situation and making decisions.

UNIDENTIFIED PARTICIPANT: If you went to Mexico would you do exactly the same thing that you would do in Mexico as you're doing here on the ground or would you, you know, be following Mexican officials or…?

BESSER: In terms of assistance? CDC has a long history of providing assistance on outbreak investigations domestically and globally. And so the same sort of things that we are assisting folks in California and Texas, the things that they're doing on the ground, trying to identify who was sick, looking to see who was in contact and whether those individuals get sick.

That gives you an idea as to whether the virus can spread, collecting samples and trying to understand the disease transmission, is there – what did the spectrum of disease look like? Those are very important things to help us determine whether the conditions for a pandemic will be met.

UNIDENTIFIED PARTICIPANT: Other countries like Mexico are usually happy to have you guys come.

BESSER: The CDC has personnel all around the globe and our interactions with Mexico are very strong in this area.

UNIDENTIFIED PARTICIPANT: And should people outside of Texas and California, how concerned should they really be about them?

BESSER: Well, you know, I think that it's very important that people are paying attention to what's going on. The situation has been developing quickly. As I said at the beginning, this is something we are worried about and we are treating very seriously.

I think that's important that people are paying attention to what's going on. At this point, all we have in terms of cases is in those two areas in Texas and in California but it is worth people thinking about this.

On the phone?

OPERATOR: The next is from Maggie Croux (ph) of Reuters. Your line is open.

Maggie Croux: Dr. Besser, you say you got strong interactions with Mexico but are CDC personnel in Mexico and has Mexico officially asked CDC help. And can I ask you if anyone is talking about trying to contain this virus.

BESSER: We are, we have not sent a team to Mexico yet. We're still in discussions with Mexico but we anticipate that we will have folks there very soon. In terms of the issue of containment, you know, there are things that we see that suggest containment is not very likely and that we're seeing cases in Texas and we're seeing cases in San Diego without any connection between them which makes us think that there has been transmission from person to person through several cycles.

You know, the idea of containment with a new infection we think about when it's limited to a focus, a well defined geographic area and that's not something that we have seen here.

UNIDENTIFIED PARTICIPANT: OK. When you talk about spreading from person to person through several cycles, tell me what you mean by that.

BESSER: Yes. Thinking there – if you have an individual who's sick and you have another individual who's sick and you can find no connection between them. So it hasn't gone from one individual to another family member to another person that family member had contact with.

That would in a sense a two step move. Here we're not seeing any linkages at all between the cases in Texas and those in California. But again it's really early in the investigation. As more information comes to light, we could see connections that haven't shown up so far.

CROUX: Is the Canada Mexico connection, why does Canada evaluate Mexico viruses?

BESSER: You know, many countries provide support to other countries through bilateral relations. And just as we provide support and other countries provide support to us. So there is a relationship between Canada and Mexico that lead to that taking place.

On the phone?

OPERATOR: The next is from Mike Stobbe, Associated Press. Your line is open.

Mike Stobbe, Assoicated Press: Hi, doctor. Thanks for taking the question. So, 14 samples from Mexico, seven positive. I'm going to add a fault to this but can we say in a simple statement that it's the same virus in Mexico as in California and Texas?

BESSER: I think that you would be safe in saying that. From everything we know to date, the virus appears to be the same. You know, again, my earlier comments that information is changing and as we find more information, we'll share that with you.

So far, the genetic elements we've looked at are the same.

Stobbe: OK. As a follow-up, what were the other seven that came back? What did they turn out to be. Also you mentioned one person from San Diego had been to Mexico. Which person was that? The 10 -year-old boy?

BESSER: The other samples came up negative and so we can't really say anything about those specimens. And I'm sorry your second question?

Stobbe: One person had been to Mexico, somebody from San Diego. Which individual was that? Was it the 10-year-old boy or the father or was it the teenage daughter or –

BESSER: I'm going to need to refer to the folks in San Diego on that.

Stobbe: OK. Thank you.

BESSER: Yes.

Stobbe: One more question on air travel, maybe in a little bit different kind of context. My understanding is that some of the local authorities in a press conference in Texas suggested that folks who may be suffering flu like symptoms perhaps ought to consider staying off of airplanes type spaces, circulated air.

Is that something that you all would recommend?

BESSER: Well, that's the general recommendation. You know, it's a good idea, if you're sick and you have the flu, you should stay home whether you're planning to go on a plane for travel or you're planning to go to work.

We know that influenza, seasonal flu, is spread person to person. And staying home allows you to rest and recover but it also allows you to not spread your infection to your coworker or the person sitting next to you on a plane.

So that's a general recommendation that we have but if you're sick with fever and aches and flu like symptoms, you shouldn't be getting on a plane.

On the phone?

OPERATOR: The next is from Mike Lees, San Diego Union Tribune. Your line is open.

Mike Lees, San Diego Union Tribune: Thank you and thank you for taking the call. I'm looking for a couple of things here. One is some details on the newest case in San Diego, the City of Residents, whether the patient was hospitalized, and I believe you said the person has recovered.

And then secondly, I'm looking at what the geographic area is that you're asking doctors to test specimens from patients with flu like symptoms?

BESSER: Yes. The newest case in San Diego, I'll need to refer you to the health department there. I don't have those specific details. I know that the child recovered and I believe was not hospitalized.

In terms of the areas that we're looking at, in terms of doctors doing testing, we're looking at patients in the areas where we've seen cases so far, which is in San Diego County and Imperial County and Guadalupe County in Texas.

But it's important that clinicians have a high index of suspicion. As I said at the beginning, we're just starting to learn here about this virus and about transmission and so having a high index of suspicion is a good idea.

Travel histories are useful. If you have a patient who has traveled to Mexico to a part of that country that's been affected, it's really important that you do the proper testing. Other questions in the room. I have time for two more questions. One in the room and one on the phone.

OK, two from the phone.

OPERATOR: The next is from Jeffrey Wise, Dallas Morning News. Your line is open.

J**effrey Wise, Dallas Morning News:** Yes. A clarification and then a question. The clarification, the cases in Mexico, do we know if any of those people had contact with swine and then the question is Dallas is one of many cities where there is a lot of travel between Mexico, Mexico City in particular, and Dallas. Is there anything that local officials should be doing thinking about DFW Airport or at the bus station or other places where people do a lot of travel.

BESSER: At this point we don't know about swine contact with cases in Mexico. We really don't have detailed information on those cases and their exposures. That's one of the important reasons to do a detailed investigation.

In terms of travel screening and at airports or bus stations, there are approximately 400 million crossing at the border between United States and Mexico a year. I think that the best approach is really encourage people who are sick not to travel. So if you have the flu you shouldn't be getting on the bus or getting on the airplane and traveling.

Thank you very much. I appreciate your questions and we will be providing regular updates.

End

Biosurveillance

Swine Flu in Mexico: Timeline of Events

Biosurveillance, 24 April 2009, 09:37 PM
https://web.archive.org/web/20090429005757/http://biosurveillance.typepad.com/biosurveillance/2009/04/swine-flu-in-mexico-timeline-of-events.html

Introduction

At Veratect, we operate two operations centers based in the United States (one in the Washington, DC area and one in Seattle, WA) that provide animal and human infectious disease event detection and tracking globally. Both operations centers are organizationally modeled after our National Weather Service using a distinct methodology inspired by the natural disaster and meteorology communities. Our analysts handle information in the native vernacular language and have been thoroughly trained in their discipline, which include cultural-specific interpretation of the information. We are currently partnered with 14 organizations that provide us with direct ground observations in 238 countries. We are a multi-source, near-real time event detection and tracking organization with years of experience in this discipline.

March 30

Veratect reported that a 47-year-old city attorney for Cornwall was hospitalized in a coma at Ottawa General Hospital following a recent trip to Mexico. Family members reported the individual voluntarily reported to the hospital after gradually feeling ill upon returning from his trip on 22 March. The source stated that the hospital did not know the cause of illness. The case was reportedly on a respirator and awaiting a blood transfusion, but sources did not provide symptoms or a suggested cause of illness. This information was available in our web portal to all clients, including CDC and multiple US state and local public health authorities, however no one had connected this man's illness with a potential crisis in Mexico.

We have learned this case tested negative according to Canadian officials. The only value this event would have had would have been to tip someone to take a closer look at where this individual traveled in Mexico, possibly stumbling on reports of 'unusual respiratory disease – we have absolutely no indication anyone did this, or if they did they found anything to prompt closer scrutiny. We certainly didn't.

April 2

Local media source Imagen del Golfo reported that state health officials recorded a 15% increase in disease over an unspecified period in the highland areas of Veracruz, which includes La Gloria. The increase was primarily due to higher levels of upper respiratory disease and gastroenteritis. Specifically, officials noted an increase in pneumonia and bronchial pneumonia cases. Health officials attributed the increase to seasonal climate changes.

I would like to be clear here – we are aware local media sources apparently reported this on April 2nd, but we ourselves did not nor posted it on April 2nd.

April 6

Veratect reported local health officials declared a health alert due to a respiratory disease outbreak in La Gloria, Perote Municipality, Veracruz State, Mexico. Sources characterized the event as a "strange" outbreak of acute respiratory infection, which led to bronchial pneumonia in some pediatric cases. According to a local resident, symptoms included fever, severe cough, and large amounts of phlegm. Health officials recorded 400 cases that sought medical treatment in the last week in La Gloria, which has a population of 3,000; officials indicated that 60% of the town's population (approximately 1,800 cases) has been affected. No precise timeframe was provided, but sources reported that a local official had been seeking health assistance for the town since February.

Residents claimed that three pediatric cases, all under two years of age, died from the outbreak. However, health officials stated that there was no direct link between the pediatric deaths and the outbreak; they stated the three fatal cases were "isolated" and "not related" to each other.

Residents believed the outbreak had been caused by contamination from pig breeding farms located in the area. They believed that the farms, operated by Granjas Carroll, polluted the atmosphere and local water bodies, which in turn led to the disease outbreak. According to residents, the company denied responsibility for the outbreak and attributed the cases to "flu." However, a municipal health official stated that preliminary investigations indicated that the disease vector was a type of fly that reproduces in pig waste and that the outbreak was linked to the pig farms. It was unclear whether health officials had identified a suspected pathogen responsible for this outbreak.

And to be crystal clear, the way we used this information was to simply flag an event as worthy of closer scrutiny and higher awareness, as there was absolutely no proof of true involvement of this company in the outbreak – a proper epidemiological investigation is required to prove such links.

Local health officials had implemented several control measures in response to the outbreak. A health cordon was established around La Gloria. Officials launched a spraying and cleaning operation that targeted the fly suspected to be the disease vector. State health officials also implemented a vaccination campaign against influenza, although sources noted physicians ruled out influenza as the cause of the outbreak. Finally, officials announced an epidemiological investigation that focused on any cases exhibiting symptoms since 10 March.

This information was available in our web portal to all clients, including CDC and multiple US state and local public health authorities.

We do know, after checking our web site logs, that the Pan American Health Organization, the WHO Regional Office of the Americas, accessed this specific report in our system on April 10th and again on April 11th.

April 16

Veratect reported the Oaxaca Health Department (SSO) indicated that an unspecified number of atypical pneumonia cases were detected at the Hospital Civil Aurelio Valdivieso in Reforma, Oaxaca State, Mexico. No information was provided about symptoms or treatment for the cases. NSS Oaxaca reported that rumors were circulating that human coronavirus was spreading at the hospital; sources did not provide any response to these statements from the hospital or health officials.

Laboratory samples were sent to Mexico City for analysis; results were expected to be released sometime next week. According to NSS Oaxaca, health officials had intensified preventive measures aimed at mitigating further spread of the disease. Sources reported that the SSO also implemented a sanitary cordon around the hospital.

This information was pushed to CDC in an email alert notification provided by Veratect on April 16 and April 17:

16 Apr 2009 4:14 PM GMT Respiratory Disease Detailed Mexico (Reforma, Oaxaca) Reforma: Atypical Pneumonia Cases Reported at Hospital", sent at "April 16, 2009 10:08:06 AM PDT" and again at "April 17, 2009 10:08:06 AM PDT" to CDC and at "April 16, 2009 10:27:13 AM PDT" to the California State Department of Health.

April 20

Veratect was urgently asked to provide access to the VeraSight Global platform on 20 April by a client in the US public health community, and indicated they had received word from their counterparts in Canada that Mexican authorities had requested support. This client speculated whether notification of all southern U.S. border states' public health authorities should be done and were confused as to why the CDC had not issued an advisory. Veratect contacted the CDC Emergency Operations Center to sensitize them about the situation in Mexico. CDC indicated they were already dealing with the crisis of recently detected H1N1 swine influenza in California and possibly Texas.

April 21

Veratect reported the Oaxaca Health Department (SSO) confirmed two adults died from atypical pneumonia at the Hospital Civil Aurelio Valdivieso in Oaxaca, Oaxaca State, Mexico. One of the cases was a 39-year-old female; the other case was an adult male of unspecified age. After the deaths, the hospital established a quarantine in the emergency room due to initial concerns that avian influenza was responsible for the cases. However, the SSO subsequently stated that neither avian influenza nor coronaviruses, including that which causes severe acute respiratory syndrome (SARS), were the source of infection. Additionally, the SSO denied the cases represented an epidemic. According to local sources, the SSO indicated that the atypical pneumonia cases were caused by an unspecified bacterial pathogen and were treatable with antibiotics. Sources indicated a total of 16 additional patients exhibited signs of respiratory infection; none of these patients exhibited complications.

Veratect sources indicated the 39-year-old female was treated at the hospital for five days before dying on 13 April. This case was reportedly immunocompromised; in addition to acute respiratory symptoms, she also had diabetes and diarrhea. The SSO contacted 300 people that had been in contact with the woman; sources stated that between 33-61 contacts exhibited symptoms of respiratory disease, but none showed severe complications. The SSO characterized the incident as an "isolated case;" they noted that over 5,000 cases of pneumonia occur annually in Oaxaca.

Another local source reported the SSO launched surveillance measures in the former residential areas of the two fatal cases and in other targeted geographic areas. No additional information was provided regarding the second fatal case at the hospital.

Veratect reported that the Oaxaca State Congress Permanent Committee on Health had undertaken an investigation into the cases. The committee inspected the Hospital Civil Aurelio Valdivieso on 20 April. The director of the medical school at the University Autónoma "Benito Juárez" de Oaxaca (UABJO), along with other medical academics, publicly requested that national health authorities investigate the cases of atypical pneumonia. No information was provided indicating that national health authorities plan to investigate the matter. The director of the medical school also requested the SSO furnish evidence showing that the cases were negative for avian influenza, SARS, and other severe pathogens; his request was echoed by readers commenting on an online user forum.

Veratect also reported the National Ministry of Health issued a health alert due to a significant increase in influenza cases during the spring season in Mexico. Officials indicated that there have

been 14 influenza outbreaks throughout the country. The most heavily affected states are Baja California, Chihuahua, Distrito Federal (Mexico City), Hidalgo, Tlaxcala, and Veracruz. Local case counts were not provided.

Officials stated that 4,167 probable cases of influenza, 313 of which were confirmed, have been reported throughout the country in 2009. Case counts for suspected and confirmed influenza cases have tripled in 2009 as compared to the equivalent time period in 2008. The National Institute of Respiratory Diseases recorded two fatal cases of influenza in 2009, but specific dates and locations were not provided.

Health officials stated they were unsure precisely why the incidence of influenza had increased. However, they believed the increased presence of influenza B, in combination with influenza A, was a contributing factor. In response, officials advised anyone exhibiting influenza symptoms to avoid self-medication and seek medical care immediately. Officials had also enhanced epidemiological surveillance for influenza. Lastly, health officials had focused efforts on providing antiviral medications and influenza vaccinations to the most vulnerable segments of the population. According to the Mexican Ministry of Health, 44.3% of the national population was vaccinated against influenza in 2005-2006.

Veratect sensitized the International Federation of Red Cross who in turn requested broader access be provided to the Pan-American Disaster Response Unit (PADRU). Veratect moved to notify several US state and local public health authorities, providing the caveat the situation in Mexico remained unclear due to pending laboratory results. Veratect reached out to World Health Organization (WHO) operations, informing them the Veratect team was on an alert posture and available for situational awareness support. They indicated they and their subordinate, the Pan American Health Organization (PAHO) were now aware of the situation but had no further information. Veratect also extended contact to the British Columbia Center for Disease Control and offered assistance in tracking the events in Mexico. All contacts indicated laboratory results were pending.

April 22

Veratect reported the Oaxaca Health Department (SSO) indicated 16 employees at the Hospital Civil Aurelio Valdivieso in Oaxaca, Oaxaca State, Mexico had contracted respiratory disease. However, the SSO denied these cases were connected to the recently identified cases of atypical pneumonia at the hospital. No information was provided indicating how many employees work at the hospital or whether the number of respiratory disease cases was higher than average. The source reported that "fear" persisted among hospital physicians concerning the possible presence of a deadly bacteria or virus circulating in the hospital. One anonymous hospital employee criticized hospital management as "unfair" for not providing clear information regarding the first fatal atypical pneumonia case.

An additional source reported the cause of the atypical pneumonia cases remained unknown; it stated that bacteria or virus could have caused the cases. In contrast, according to an 18 April report, the SSO indicated that the atypical pneumonia cases were caused by an unspecified bacterial pathogen and were treatable with antibiotics. The reason for this discrepancy was unclear at this time.

The Instituto Mexicano del Seguro Social (IMSS), a national health entity, had now joined the SSO in responding to the cases; reports did not indicate the Mexican National Ministry of Health had joined in the response efforts. The IMSS extended the sanitary cordon surrounding the hospital. Patients exhibiting flu-like symptoms would be sent to the hospital's epidemiology department for further study. IMSS instructed physicians to hospitalize respiratory disease patients immediately if they meet certain standards for severity of symptoms. Lastly, the hospital's emergency room would remain closed for an additional 15 days so that cleaning and preventive disinfection could be carried out.

Veratect also reported the Mexican Ministry of Health indicated that an "unusual" outbreak of laboratory-confirmed influenza caused five deaths from 17-19 April 2009 in Mexico City, Mexico. The deaths occurred at the following three hospitals: el Hospital de la Secretaría de Salud (2), el Institute Nacional de Enfermedades Respiratorias (2), and el Hospital Ángeles del Pedregal (1). According to unofficial sources, the fatal case count was higher than that provided by officials. There were currently 120 influenza cases hospitalized throughout Mexico City. National health officials indicated that influenza vaccines were sold out in Mexico City and that they were attempting to acquire additional supplies of the vaccine.

At this point, the Mexican Health Secretary reportedly stated there was an influenza epidemic in Mexico City and throughout the rest of the county. In response to the cases, the official stated health authorities would launch a public awareness and vaccination campaigns. He stated that 400,000 vaccines would be administered, primarily to medical staff; it was unclear whether these efforts would be focused on Mexico City or any other geographic area. Health officials also ordered the provision of special masks, gloves, and gowns for medical personnel that were in contact with influenza cases.

A total of 13 fatal cases of influenza were reported in Mexico City in the past three weeks. However, several other media sources reported that the 13 deaths were recorded since 18 March 2009; the reason for this discrepancy was unclear. Sources reported a total of 20 fatal cases of influenza throughout Mexico over the disputed timeframe. The other cases were located in San Luis Potosí (4), Baja California (2), and Oaxaca (1). The Director of Epidemiology at the National Center for Epidemiological Surveillance and Disease Control characterized the outbreak as "quite unusual."

No information was provided indicating that the strain of influenza itself was unusual. Rather, several sources indicated that it was "unusual" to record this many fatal influenza cases during this time of year. Influenza cases normally peak from October to February, while these cases had occurred during Mexico's spring season.

Canada announced a national alert for travelers returning from Mexico with respiratory disease, beginning a campaign of public media announcements. Potentially ill contacts were identified returning from Mexico and isolated in Canada. Internet blogs begin to spin up. CDC indicates concern about the events unfolding in Mexico. Veratect sensitizes the US community physician social network managed by Ozmosis.

…

World Health Organization

Dr Margaret Chan

Swine influenza
Statement by WHO Director-General

Geneva, WHO, 25 April 2009

https://web.archive.org/web/20090428084007/http://www.who.int/mediacentre/news/statements/2009/h1n1_20090425/en/index.html

In response to cases of swine influenza A(H1N1), reported in Mexico and the United States of America, the Director-General convened a meeting of the Emergency Committee to assess the situation and advise her on appropriate responses.

The establishment of the Committee, which is composed of international experts in a variety of disciplines, is in compliance with the International Health Regulations (2005).

The first meeting of the Emergency Committee was held on Saturday 25 April 2009.

After reviewing available data on the current situation, Committee members identified a number of gaps in knowledge about the clinical features, epidemiology, and virology of reported cases and the appropriate responses.

The Committee advised that answers to several specific questions were needed to facilitate its work.

The Committee nevertheless agreed that the current situation constitutes a public health emergency of international concern.

Based on this advice, the Director-General has determined that the current events constitute a public health emergency of international concern, under the Regulations.

Concerning public health measures, in line with the Regulations the Director-General is recommending, on the advice of the Committee, that all countries intensify surveillance for unusual outbreaks of influenza-like illness and severe pneumonia.

The Committee further agreed that more information is needed before a decision could be made concerning the appropriateness of the current phase 3.

REUTERS

David Ljunggren, Scott Anderson

Swine flu not as serious as SARS: Ontario

Reuters, 26 April 2009
https://www.reuters.com/article/us-flu-canada-ontario-idUSTRE53N4O920090424

OTTAWA (Reuters) – An outbreak of swine flu in Ontario, Canada's most populous province, would not be as serious as the 2003 SARS epidemic, in part because authorities have been preparing for decades to fight widespread influenza, a senior provincial medical official said on Friday.

Dr. Michael Gardam, director of infectious disease prevention and control at Ontario's public health agency, said in an interview with the Canadian Broadcasting Corporation that the swine flu was sensitive to anti-viral drugs.

A deadly swine flu has broken out in Mexico, killing at least 16 people and raising fears of an epidemic. The virus has been linked to a new kind of swine flu contracted by seven people in California and Texas, which border Mexico.

The Geneva-based U.N. agency WHO said it was in daily contact with U.S., Canadian and Mexican authorities and had activated its command and control center for acute public health events.

Thousands of Canadians take Mexican vacations every year.

A spokesman for the public health authority in Toronto, Ontario -- Canada's largest city – said there had been no reported cases so far.

The 2003 outbreak of severe acute respiratory syndrome, or SARS, killed 44 people in Canada, the highest death toll outside of Asia. Most of those killed lived in Ontario, which is home to about 13 million people.

"Influenza is different from SARS. Unlike SARS, where we really didn't know what we were dealing with, influenza is something that we have spent literally years, if not decades, planning for," Gardam said.

"We've been doing a lot of work in this country preparing people for something like this," he told the CBC.

Preparations included stockpiling anti-viral drugs as well as warning people to wash their hands frequently and to cover their nose and mouth when coughing or sneezing.

"This particular virus is actually sensitive to the anti-viral drugs that people have been stockpiling over the last several years," he said.

Gardam said flu viruses mutated constantly and that the swine flu was another mutation.

"A virus like this might have the potential to spread more widely that the usual flu viruses. It doesn't, however, mean that it will necessarily be more dangerous than your regular flu viruses," he said.

He added: "We're not treating this like SARS at this point, where we're telling people to be quarantined or isolated," he said.

Gardam said that if there were an increase in flu cases in Canada, they would most likely be linked to Mexico and the United States.

New Flu Virus (swine flu) with Pandemic Potential

Santa Lucia, Government, 25 April 2009
https://archive.stlucia.gov.lc/pr2009/april/new_flu_virus_swine_flu_with_pandemic_potential.htm

On the evening of Friday April 24, 2009 CAREC (the Caribbean Epidemiological Center) called on Caribbean countries to begin immediate mobilization of key personnel to ensure that the region is ready to deal with possible cases of a new flu virus which has been reported in Mexico and parts of the United States.

The World Health Organization reports that more than 1,000 people have been sickened in Mexico, with over 20 deaths confirmed as being due to a new flu virus, H1N1. Similar reports indicate that 8 people were confirmed by the U.S. Centers for Disease Control and Prevention (CDC) to have swine flu in the United States in California and Texas and more recently Kansas and possibly New York.

This new flu virus is a combination virus. It has components of different types of flu which can affect birds, swine (pig) and humans. It is of concern as it seems to be spread from one infected person to another, in much the same way that the "common cold" is spread.

At this point in time, the World Health Organization cannot say that other countries of the world will be affected, but the possibility exists.

On Saturday April 25, 2009 at 10 am, the Ministry of Health spearheaded a high level gathering of personnel at NEMO's headquarters in Bisee to asses the situation, sensitize key sectors, review the previously formed National Pandemic Influenza Preparedness and Response Plan and mobilize resources in anticipation of this threat.

Presently, there are no known cases of this new flu virus in Saint Lucia. However, according to Senior Medical Officer in the Ministry of Health Dr. Merlene Fredericks, "we should be concerned as this virus has the potential, **if** it enters St. Lucia, to spread from person to person and as a result, we must be on our guard."

Chief Veterinarian in the Ministry of Agriculture Dr. George Joseph notes that "pork and is safe to eat once properly cooked."

Meantime, the Ministry of Health is advising saint Lucians to take the following precautions:

- If you have recently travelled from Mexico, California, Texas or other affected parts of the United States and you are currently suffering from cough, running nose, fever or other flu like symptoms, please seek medical assessment.
- All persons: cover your nose and mouth with a tissue when you cough or sneeze. Throw the tissue in the trash after you use it.
- Wash your hands often with soap and water, especially after you cough or sneeze. Alcohol-based hands cleaners are also effective.
- Avoid touching your eyes, nose or mouth. Germs spread that way.
- Try to avoid close contact with persons who are suffering from flu like symptoms. Influenza is spread mainly from person-to-person when persons breath in droplets released by others who cough or sneeze.
- If you get sick with cough, running nose, chills and fever, sore throat, vomiting or diarrhoea, , stay away from work or school and limit contact with others to keep from infecting them. Seek medical attention.
- All medical practitioners should remain vigilant for signs of this disease.
- The National Emergency Management Organization in collaboration other government agencies will provide timely updates on this situation.

РИА НОВОСТИ

Онищенко обещает не допустить проникновения свиного гриппа в Россию

РИА Новости, 26 апреля 2009, 12:37
https://ria.ru/20090426/169274334.html

МОСКВА, 26 апр - РИА Новости. Вспышка свиного гриппа в Мексике, от которого скончались десятки человек, не угрожает России, если будут приняты все необходимые меры безопасности, заявил главный государственный санитарный врач РФ Геннадий Онищенко.

Мексиканские власти официально подтвердили факт смерти 20 человек от заболевания свиным гриппом, еще 48 случаев требуют подтверждения патологоанатомов. Глава Всемирной организации здравоохранения (ВОЗ) Маргарет Чен заявила, что вспышка свиного гриппа в Мексике имеет "потенциал пандемии".

"При спокойном, ответственном отношении мы с вами не допустим какого-либо развития ситуации на территории нашей страны", - сказал Онищенко в эфире телеканала "Вести".

РИА НОВОСТИ

В России создана комиссия по предотвращению гриппа свиней

РИА Новости, 26 апреля 2009, 12:46
https://ria.ru/20090426/169275215.html

МОСКВА, 26 апр - РИА Новости. Премьер-министр РФ Владимир Путин подписал распоряжение о создании правительственной комиссии по предотвращению распространения на территории России так называемого "свиного гриппа", от которого в Мексике скончались десятки человек, сообщил журналистам пресс-секретарь председателя правительства Дмитрий Песков.

Мексиканские власти официально подтвердили факт смерти 20 человек от заболевания "свиным гриппом", еще 48 случаев требуют подтверждения. Глава Всемирной организации здравоохранения (ВОЗ) Маргарет Чен заявила, что вспышка "свиного гриппа" в Мексике имеет "потенциал пандемии".

По словам Пескова, комиссию возглавил первый вице-премьер Виктор Зубков. Его заместителями стали главный государственный санитарный врач РФ Геннадий Онищенко и глава Россельхознадзора Сергей Данкверт. В состав комиссии также вошли представители МИД, пограничной службы и других ведомств.

"Комиссия уже приступила к работе, уже реализуются конкретные меры, направленные на предотвращение проникновения на территорию РФ свиного гриппа и возможности его распространения", - сказал пресс-секретарь.

Главный государственный санитарный врач РФ Геннадий Онищенко заверил ранее, что вспышка "свиного гриппа" в Мексике не угрожает России, если будут приняты все необходимые меры безопасности. По его словам, это заболевание не является смертельно опасным при своевременной диагностике и качественном лечении.

РИА НОВОСТИ

Иммунитета против мексиканского вируса гриппа у людей нет - ученый

РИА Новости, 26 апреля 2009, 13:44
https://ria.ru/20090426/169276969.html

Москва, 26 апреля – РИА Новости. У людей не выявлены признаки иммунитета к вирусу свиного гриппа, поразившего более тысячи человек в Мексике, сообщил РИА Новости в воскресенье директор НИИ гриппа, руководитель Центра по гриппу ВОЗ в Санкт-Петербурге Олег Киселев.

Он отметил, что вирус типа H1N1 циркулирует как в человеческой, так и свиной популяции, однако, по-видимому, Мексика столкнулась с его гибридом. "Идет взаимодействие на уровне генетического аппарата этих вирусов, в результате чего приобретаются новые антигенные свойства, появляется вирус, к которому у нас нет признаков иммунитета, хотя он и относится к подтипу H1N1", – сказал ученый.

Мексиканские власти официально подтвердили факт смерти 20 человек от заболевания свиным гриппом, причина еще 48 летальных исходов пока не установлена. Всего заболели более тысячи человек. Глава Всемирной организации здравоохранения (ВОЗ) Маргарет Чен заявила, что вспышка заболевания в Мексике имеет "потенциал пандемии".

По словам Киселева, новый вирус может "забрать пальму первенства" у вируса гриппа H5N1 ("птичий грипп), который унес жизни уже более 400 человек, в основном, в странах Азии и Африке.

"Этот вирус претендует на место реального пандемического лидера, то есть H5N1 должен уступить место H1N1, который очень патогенный и способен сегодня передаваться от человека к человеку", – сказал Киселев.

По его словам, нет ничего странного в том, что сначала ученые называли наиболее вероятным претендентом на развитие глобальной эпидемии один тип гриппа, а теперь на первый план вышел другой.

"Пандемия так и выглядит на самом деле: сначала выявляется один претендент на пандемический процесс (H5N1), а теперь уже на совсем другом континенте выявляется H1N1", – сказал Киселев.

Киселев отметил, что несмотря на схожесть ситуации с предпосылками, которые привели к эпидемии "испанки" в 1918 году, есть ряд факторов, которые позволяют надеяться на положительный исход. Во-первых, власти Мексики предприняли серьезные противоэпидемические меры: население носит маски, заболевшие изолированы, таким образом, очаг может быть локализован.

Кроме того, напомнил ученый, катализатором глобальной эпидемии на начале XX века стала Первая мировая война. "Слава Богу, сейчас нет никаких глобальных событий, которые вызывали бы огромные миграционные процессы, нет скученности людей в армейских бараках, как было в Первую мировую", – сказал Киселев.

Премьер-министр РФ Владимир Путин подписал распоряжение о создании правительственной комиссии по предотвращению распространения свиного гриппа на территории России.

РИА НОВОСТИ

Мексиканский вирус гриппа подозревают в покушении на человечество

РИА Новости, 26 апреля 2009, 15:04
https://ria.ru/20090426/169279336.html

Москва, 26 апреля – РИА Новости. Вспышка нового вируса гриппа в Мексике с десятками жертв, уже проникшего в США, может угрожать глобальной эпидемией человечеству, не имеющему иммунитета к этому заболеванию, считают ученые. Власти РФ создали правительственную комиссию по предотвращению проникновения вируса в страну и запретили поставки свинины из Мексики и ряда штатов США.

Мексиканские власти официально подтвердили факт смерти 20 человек от свиного гриппа H1N1, причина еще 48 летальных исходов пока точно не установлена. Всего заболели более тысячи человек. Глава Всемирной организации здравоохранения (ВОЗ) Маргарет Чен заявила, что вспышка заболевания в Мексике имеет "потенциал пандемии".

"Этот вирус претендует на место реального пандемического лидера, то есть H5N1 (птичий грипп, унесший жизни более 400 человек в Азии и Африке) должен уступить место H1N1, который очень патогенный и способен сегодня передаваться от человека к человеку", – сказал в интервью РИА Новости директор НИИ гриппа, руководитель Центра по гриппу ВОЗ в Санкт-Петербурге Олег Киселев.

По его словам, вирус типа H1N1 циркулирует как в человеческой, так и свиной популяции, однако, по-видимому, Мексика столкнулась с его гибридом. "Идет взаимодействие на уровне генетического аппарата этих вирусов, в результате чего приобретаются новые антигенные свойства, появляется вирус, к которому у нас нет признаков иммунитета, хотя он и относится к подтипу H1N1", – сообщил Киселев.

"Идет взаимодействие на уровне генетического аппарата этих вирусов, в результате чего приобретаются новые антигенные свойства, появляется вирус, к которому у нас нет признаков иммунитета, хотя он и относится к подтипу H1N1", - сообщил Киселев. Симптомы заболевания схожи с обычным гриппом: температура, насморк, головная и мышечная боль.

Россия выстраивает защиту

Премьер-министр РФ Владимир Путин подписал распоряжение о создании правительственной комиссии по предотвращению распространения вируса свиного гриппа на территории России, сообщил журналистам пресс-секретарь председателя правительства Дмитрий Песков.

По словам Пескова, комиссию возглавил первый вице-премьер Виктор Зубков. Его заместителями стали главный государственный санитарный врач РФ Геннадий Онищенко и глава Россельхознадзора Сергей Данкверт. В состав комиссии также вошли представители МИД, пограничной службы и других ведомств. "Комиссия уже приступила к работе, уже реализуются конкретные меры, направленные на предотвращение проникновения на территорию РФ свиного гриппа и возможности его распространения", - сказал пресс-секретарь.

Россия ввела запрет на поставки сырой свинины из Мексики и ряда штатов США, сообщил РИА Новости замглавы Россельхознадзора Николай Власов. "Это довольно обширный географический регион: от Колумбии до северных границ штата Колорадо и северных границ штата Флорида", - сказал собеседник агентства.

Кроме того, по его словам, Россельхознадзор будет изымать и уничтожать мясную продукцию, в частности свинину, находящуюся в ручной клади пассажиров, прибывающих авиационным и морским транспортом из Мексики и тех штатов США, где зафиксированы случаи свиного гриппа. Запрещено и использование свинины на бортах самолетов, прибывающих из этих регионов.

Отвечая на вопрос РИА Новости Власов сообщил, что живых свиней США и Мексика в Россию не поставляют.

Есть надежда, что "испанка" не повторится

Директор НИИ гриппа Олег Киселев считает, что вспышка нового вируса в Мексике может привести к глобальной эпидемии (пандемии), но в этом году не затронет Россию. "Прогноз позитивный на этот сезон. Я думаю, что России опять повезет, и мы не окажемся на пороге таких испытаний", - сказал Киселев, отвечая на вопрос, насколько возможно проникновение нового вируса и его распространение в России.

Вместе с тем, по мнению ученого, развитие событий в Мексике весьма сходно с тем, которое в 1918 году привело к возникновению глобальной эпидемии гриппа, так называемой "испанки", унесшей миллионы жизней. "Подчеркиваю, что ситуация очень напоминает то, что описывалось американскими учеными при анализе вируса, вызвавшего "испанку" в 1918 году", - сказал Киселев.

Ученый напомнил, что пандемию 1918 года вызвал вирус, который передался от птицы к свинье, потом к человеку. По его словам, Мексика нередко являлась очагом возникновения гриппа среди домашней птицы.

"Испанка" – самая сильная из известных пандемий, унесшая по самым скромным подсчетам более 20 миллионов жизней, произошла в 1918-1920 годах и была вызвана вирусом H1N1. От пандемии серьезно пострадало от 20 до 40% населения Земли, она охватила Испанию, Швейцарию, Португалию, Сербию, Грецию, Англию, Германию, Данию, скандинавские страны, государства северной Африки и другие.

По словам Киселева, несмотря на схожесть ситуации с предпосылками, которые привели к "испанке", есть ряд факторов, которые позволяют надеяться на положительный исход. Во-первых, власти Мексики предприняли серьезные противоэпидемические меры: население носит маски, заболевшие изолированы, таким образом, очаг может быть локализован.

Кроме того, напомнил ученый, катализатором глобальной эпидемии в начале XX века стала Первая мировая война. "Слава Богу, сейчас нет никаких глобальных событий, которые вызывали бы огромные миграционные процессы, нет скученности людей в армейских бараках, как было в Первую мировую", - сказал Киселев.

То, что сначала ученые называли наиболее вероятным претендентом на развитие глобальной эпидемии один тип гриппа (птичий), а теперь на первый план вышел другой, неудивительно, отметил директор НИИ гриппа. "Пандемия так и выглядит на самом деле: сначала выявляется один претендент на пандемический процесс (H5N1), а теперь уже на совсем другом континенте выявляется H1N1", - сказал он.

Поездки в Мексику нежелательны

Главный государственный санитарный врач РФ Геннадий Онищенко считает, что вспышка свиного гриппа в Мексике не угрожает России, если будут приняты все необходимые меры безопасности. "При спокойном, ответственном отношении мы с вами не допустим какого-либо развития ситуации на территории нашей страны", - сказал Онищенко в эфире телеканала "Вести".

В то же время главный государственный санитарный врач рекомендует россиянам воздержаться от поездок в Мексику.

"Я бы хотел обратиться ко всем россиянам. Если у вас нет особой нужды, то лучше воздержаться от поездки, прежде всего, в Мексику", - отметил он.

ВОЗ и США принимают меры

ВОЗ накануне заявила о готовности противостоять распространяющемуся вирусу. Для борьбы с ним организация уже заготавливает специальный препарат – "Тамифлю" (Tamiflu).

Кроме того, ВОЗ сообщила, что в Мексику направляются ее сотрудники, которые помогут местным властям отслеживать распространение болезни и проводить необходимые лабораторные исследования и диагностику.

Власти США устанавливают источник заражения людей на юге страны, сообщил РИА Новости представитель Центра контроля и профилактики заболеваний (Атланта, штат Джорджия) при министерстве здравоохранения США.

"Расследование идет непрерывно. Мы устанавливаем источник заражения, а также проверяем людей, которые могли заразиться", - сказал представитель центра.

По его словам, эпидемиологи подтверждают 11 случаев заражения людей свиным гриппом в США: семь человек заболели в Калифорнии, двое - в Техасе и двое - в Канзасе.

Представитель Центра рассказал, что во всех округах, где были зафиксированы заражения, работают эпидемиологи. США также отправили своих специалистов в Мексику.

Educate-Yourself

A. True Ott

Somthing Wicked This Way Comes Scene I, Act II

Educate-Yourself, 26 April 2009
https://educate-yourself.org/cn/ottsomethingwicked26apr09.shtml
Scene I, Act II – See: http://www.rense.com/general85/dsd2.htm

Pandemic Vaccine Training Exercise

I thought it very strange that a rather obscure Texas county would see fit to conduct such a "training exercise" involving Texas National Guard Troops and "drive-thru vaccination clinics". I also thought it exceedingly strange that these rather obscure county officials would make the public declarations that emergency "pandemic vaccination programs would mean a line of cars 41 miles long" in Guadalupe County, but that San Antonio's drive-thru vaccine's line would stretch from "San Antonio to Calgary, Alberta Canada" – strange, because this just happens to be the planned route of the Amero Freeway – connecting the late-great U.S.A. with Mexico and Canada. Could this, too, be a coded message to insiders?

Just as Norad was conducting "mock" terrorist drills on the morning of September 11, 2001 - could this May 2 event be Timed to announce the release of the planned pandemic and the eventual advent of martial law in North America? Today, Friday, April 24, 2009 - according to USA Today, the BBC, and the Associated Press, the World Health Organization (WHO) is "very, very concerned" about a very strange "swine flu" outbreak in Mexico City. http://www.usatoday.com/news/health/2009-04-23-swine-flu_N.htm?csp=34

The WHO is so concerned, in fact, that it has ordered all WHO officers to man the "Pandemic Control Room" 24/7 for the 1st time.

Attention America! This is highly significant.

...

Read:
Scene I, Act I – http://www.rense.com/general85/dsd2.htm
Scene I, Act II – https://educate-yourself.org/cn/ottsomethingwicked26apr09.shtml

World Health Organization

Pandemic influenza preparedness and response: a WHO guidance document

Geneva, Switzerland, WHO, 24 April 2009
https://www.who.int/publications/i/item/9789241547680
https://web.archive.org/web/20090509051754/http://www.who.int/csr/disease/influenza/PIPGuidance09.pdf
https://www.ncbi.nlm.nih.gov/books/NBK143062/

National Institutes of Health (.gov)
https://pubmed.ncbi.nlm.nih.gov › ...
Pandemic Influenza Preparedness and Response: A WHO ...
26 Apr 2009 — Pandemic Influenza Preparedness and Response: A WHO Guidance Document.
WorldCat
http://www.worldcat.org › title › oclc
Pandemic influenza preparedness and response : a WHO ...
26 Apr 2009 — Pandemic influenza preparedness and response : a WHO guidance document. Authors: Keiji Fukuda, World Health Organization Global Influenza Programme.

Executive Summary

Influenza pandemics are unpredictable but recurring events that can have severe consequences on human health and economic well being worldwide. Advance planning and preparedness are critical to help mitigate the impact of a global pandemic. This WHO guidance document Pandemic influenza preparedness and response significantly updates and replaces WHO global influenza preparedness plan: The role of WHO and recommendations for national measures before and during pandemics which was published in 2005. (p. 8)

...

Overview of the major changes

The revised Guidance:

1. Retains the six-phase structure but regroups and redefines the phases to more accurately reflect pandemic risk and the epidemiological situation based upon observable phenomena. (8)

...

The WHO pandemic phases

The phases are applicable globally and provide a framework to aid countries in pandemic preparedness and response planning. The use of a six-phased approach has been retained to facilitate incorporation of new recommendations into existing national plans. However, the pandemic phases have been re-defined (Table 1). To facilitate planning at national and global levels, Phases 1-3 and 5-6 have been grouped to include common action points. In addition, the time after the first pandemic wave has been elaborated into post peak and post pandemic periods. When making a change to the global phase, WHO will carefully consider all available information to assess if the criteria for a new phase have been met. (10)

TABLE 1
PANDEMIC PHASE DESCRIPTIONS

	DESCRIPTION
PHASE 1	No animal influenza virus circulating among animals has been reported to cause infection in humans.
PHASE 2	An animal influenza virus circulating in domesticated or wild animals is known to have caused infection in humans and is therefore considered a specific potential pandemic threat.
PHASE 3	An animal or human-animal influenza reassortant virus has caused sporadic cases or small clusters of disease in people, but has not resulted in human-to-human transmission sufficient to sustain community-level outbreaks.
PHASE 4	Human-to-human transmission (H2H) of an animal or human-animal influenza reassortant virus able to sustain community-level outbreaks has been verified.
PHASE 5	The same identified virus has caused sustained community level outbreaks in two or more countries in one WHO region.
PHASE 6	In addition to the criteria defined in Phase 5, the same virus has caused sustained community level outbreaks in at least one other country in another WHO region.
POST-PEAK PERIOD	Levels of pandemic influenza in most countries with adequate surveillance have dropped below peak levels.
POSSIBLE NEW WAVE	Level of pandemic influenza activity in most countries with adequate surveillance rising again.
POST-PANDEMIC PERIOD	Levels of influenza activity have returned to the levels seen for seasonal influenza in most countries with adequate surveillance.

2. Background

Influenza pandemics are unpredictable but recurring events that can have severe consequences on societies worldwide. Since the 16th century, influenza pandemics have been described at intervals ranging between 10 and 50 years4 with varying severity and impact. (13) ...

The precise timing and impact of a future influenza pandemic remains unknown. Developing and sustaining a country's preparedness is challenging, and carries a risk of complacency. (13) ...

While the H5N1 virus is currently the most visible influenza virus with pandemic potential, it is not the only candidate. (14) ...

3.2.2 The designation of the global pandemic phase

The designation of the global pandemic phase will be made by the Director-General of WHO. The designation of a phase will be made consistent with applicable provisions of the IHR (2005) and in consultation with other organizations, institutions, and affected Member States. ...

3.2.5. Providing an early assessment of pandemic severity on health

As soon as possible, WHO will provide an assessment of pandemic severity to help governments determine the level of interventions required as part of their response. As outlined in section 1.1, past influenza pandemics have been associated with varying levels of illness and death. (22) ...

Pandemic severity may be assessed in many ways. One fundamental distinction is an assessment based on direct health effects as opposed to one based upon societal and economic effects. While societal and economic effects may be highly variable from country to country and dependent upon multiple factors (including the effects of the media and the underlying state of preparedness), WHO plans to assess pandemic severity based primarily on observable effects on health. (22) ...

4. The Who Pandemic Phases

The WHO pandemic phases were developed in 1999 and revised in 2005.

The phases are applicable to the entire world and provide a global framework to aid countries in pandemic preparedness and response planning. In this revision, WHO has retained the use of a six-phased approach for easy incorporation of new recommendations and approaches into existing national preparedness and response plans. The grouping and description of pandemic phases have been revised to make them easier to understand, more precise, and based upon observable phenomena. Phases 1-3 correlate with preparedness, including capacity development and response planning activities, while Phases 4-6 clearly signal the need for response and mitigation efforts. Furthermore, periods after the first pandemic wave are elaborated to facilitate post pandemic recovery activities. (24) ...

5. Recommended Actions Before, During and After a Pandemic ...

The use of pharmaceutical interventions to prevent or treat influenza encompasses a range of approaches. Additionally, the successful prevention and treatment of secondary or pre-existing conditions will be a key factor in many settings for reducing the overall burden of illness and death. (28)

World Health Organization

WHO Pandemic Phase Descriptions and Main Actions by Phase (p. 27)

TABLE 3
WHO PANDEMIC PHASE DESCRIPTIONS AND MAIN ACTIONS BY PHASE

	ESTIMATED PROBABILITY OF PANDEMIC	DESCRIPTION	MAIN ACTIONS IN AFFECTED COUNTRIES	MAIN ACTIONS IN NOT-YET-AFFECTED COUNTRIES
PHASE 1	Uncertain	No animal influenza virus circulating among animals has been reported to cause infection in humans.	Producing, implementing, exercising, and harmonizing national pandemic influenza preparedness and response plans with national emergency preparedness and response plans.	
PHASE 2		An animal influenza virus circulating in domesticated or wild animals is known to have caused infection in humans and is therefore considered a specific potential pandemic threat.		
PHASE 3		An animal or human-animal influenza reassortant virus has caused sporadic cases or small clusters of disease in people, but has not resulted in human-to-human transmission sufficient to sustain community-level outbreaks.		
PHASE 4	Medium to high	Human-to-human transmission of an animal or human-animal influenza reassortant virus able to sustain community-level outbreaks has been verified.	Rapid containment.	Readiness for pandemic response.
PHASE 5	High to certain	The same identified virus has caused sustained community-level outbreaks in at least two countries in one WHO region.	Pandemic response: each country to implement actions as called for in their national plans.	Readiness for imminent response.
PHASE 6	Pandemic in progress	In addition to the criteria defined in Phase 5, the same virus has caused sustained community-level outbreaks in at least one other country in another WHO region.		
POST-PEAK PERIOD		Levels of pandemic influenza in most countries with adequate surveillance have dropped below peak levels.	Evaluation of response; recovery; preparation for possible second wave.	-
POSSIBLE NEW WAVE		Level of pandemic influenza activity in most countries with adequate surveillance is rising again.	Response	
POST-PANDEMIC PERIOD		Levels of influenza have returned to the levels seen for seasonal influenza in most countries with adequate surveillance.	Evaluation of response; revision of plans; recovery.	

There is a definition of the Pandemic phases, but there is no definition of what 'Pandemic' means

Homeland Security

Press Briefing on Swine Influenza with Department of Homeland Security, Centers for Disease Control and Prevention, and White House

Department of Homeland Security, 26 April 2009
https://www.dhs.gov/news/2009/04/26/press-briefing-swine-influenza

Janet Napolitano, Secretary, Department of Homeland Security
John Brennan, Assistant to the President for Homeland Security and Counterterrorism
Dr. **Richard Besser**, Acting Director, Centers for Disease Control and Prevention
Robert Gibbs, Press Secretary

Mr. Gibbs: Good afternoon, guys. Thank you for taking some time out of your Sunday afternoon. We wanted to bring together many of the people that have the primary governmental responsibility in dealing with the situation and to discuss the government's capacity and capability to discuss the steps the government is taking to address this.

Three people we'll hear from today and then we'll take some questions: First, John Brennan, Assistant to the President for Homeland Security and Counterterrorism; Dr. Richard Besser, the Acting Director of the Centers for Disease Control and Prevention, and Janet Napolitano, the Secretary of Homeland Security.

So with that I'll turn it over to Mr. Brennan.

Mr. Brennan: Thank you, Robert. And thank you, everyone, for coming here today.

Obviously, President Obama is very concerned about the recent cases of swine flu that have been identified in the United States, as well as the outbreak in Mexico. The President's thoughts are with those who have been affected by this illness. He is monitoring the situation very closely and has supported a very active, progressive and coordinated response by his administration.

The President wants Americans to be fully informed of the situation, which is why we have convened this press briefing today. The vast majority of these cases have occurred in Mexico. Building on the close bilateral cooperation that President Obama advanced during his recent visit to Mexico, he has asked me to publicly convey his full support to President Calderón, the Mexican government and the Mexican people in their efforts to contain the outbreak.

Both the U.S. and Mexican governments are taking steps to reduce the potential for further transmission. Our goal is simple: to communicate information quickly and clearly for our citizens, to rapidly address any new cases that emerge, and to have the capacity to effectively limit the spread.

At this point a top priority is to ensure that communication is robust and that medical surveillance efforts are fully activated. This will enable both the rapid identification and broad notification of any new cases that may occur in the U.S., as well as in Mexico.

We believe that our increased surveillance efforts have resulted in the identification of new cases over the last 24 hours. Early identification is vitally important to the overall effort. In the event that additional cases or sites of infection occur within the United States we want to recognize them quickly and then respond rapidly with appropriate guidance for the public health community and the general public in the infected area. We also want to ensure medical surveillance and testing and the provision of medications and medical supplies are distributed where necessary.

I would like to share with you some of the steps the administration has taken to ensure that information about this evolving event is flowing swiftly among federal, state and local partners, between U.S., Mexican, Canadian and other governments and with the World Health Organization.

First, the President is receiving regular updates and briefings on the situation. I updated the President earlier today. The President has reviewed our national capabilities to mitigate the effects of a broader outbreak in the United States and the steps we are taking to support state and local governments and their public health experts.

I am consulting closely with Secretary Napolitano, who is the principal federal official for domestic incident management with responsibility for spearheading our efforts. The Homeland Security Council has convened an interagency body of senior federal experts to facilitate coordination among the federal departments and agencies that have a role in recognizing, responding to, and communicating with domestic and international partners regarding health incidents that have the potential for significant impact to our nation's well-being.

This group has been conferencing daily to share updates and to identify actions we can take now to respond to developments in an accelerated and effective manner. The information and decisions of the group are reported daily to senior leaders in the federal government and throughout the White House. Additional reports are provided as new information of significance becomes available.

While the President and his administration are actively coordinating the overall government response, individual departments and agencies with specific responsibilities as well as unique expertise and experience in dealing with public health risks are leading key elements of the effort.

For example, the Department of Health and Human Services is responsible for the overall effort to coordinate disease surveillance, medical preparedness, and guidance to public health professionals in the event that further cases are detected. The Departments – Centers for Disease Control and Prevention has responsibility for identifying and tracking the spread of the disease and for communicating health-related information to the government, media, and public. To this end, the CDC has held regular public briefings since Friday.

In a moment, Dr. Richard Besser, the Acting Director of the Centers for Disease Control and Prevention, will provide an update on the situation in the United States and Mexico, as well as where health professionals and the public can go for reliable information and guidance on swine influenza.

As I mentioned, Secretary Napolitano and the Department of Homeland Security have the overall lead for coordinating the federal response to an influence epidemic in the United States. The department is closely coordinating with Health and Human Services and CDC to monitor the situation.

After Dr. Besser speaks, you will hear from Secretary Napolitano, who will update you on the department's efforts to coordinate response preparations and actions to date. The Secretary also will describe actions that are underway to ensure communication of timely and accurate information at land borders and at ports of entry as well as to travelers who seek additional information.

Clearly we all have individual responsibility for dealing with this situation. We should all be practicing good hygienic practices, such as hand-washing on a regular basis; if you feel sick, it makes sense to stay home; and then also following the other practices that are common sense when we deal with an outbreak of flu every year.

I would ask that you hold your questions until after Dr. Besser and Secretary Napolitano have finished their remarks.

Dr. Besser: Thank you, Mr. Brennan. First, I want to say that our hearts go out to the people in Mexico and the people in the United States who've been impacted by this outbreak. People around the country and around the globe are concerned with this situation we're seeing, and we're concerned as well. As we look for cases of swine flu, we are seeing more cases of swine flu. We expect to see more cases of swine flu. We're responding and we're responding aggressively to try and learn about this outbreak and to implement measures to control this outbreak.

Let me provide for you an update in terms of where we are today and what kinds of public health actions are being taken here as well as abroad. Today we can confirm that there are 20 cases of swine flu in the United States. We have five affected states: There are eight cases confirmed in New York City, there's one case confirmed in Ohio, two in Kansas, two in Texas, and seven in California.

And again, as we continue to look for cases, I expect that we're going to find them. We've ramped up our surveillance around the country to try and understand better what is the scope, what is the magnitude of this outbreak.

The good news – all of the individuals in this country who have been identified as cases have recovered. Only one individual had to be hospitalized. But I expect as we continue to look for cases, we are going to see a broader spectrum of disease. What we know about this virus is it looks to be the same virus as is causing the situation in Mexico. And given the reports out of Mexico, I would expect that over time we're going to see more severe disease in this country.

There are some things that it's important people understand: Flu viruses are extremely unpredictable and variable; outbreaks of infectious disease are extremely unpredictable and variable. And so over time what we say about this and what we learn will change. Expect changes in terms of the number of cases. We're going to try and give you consistent information and have it on our web site once a day, so that we don't get into the situation where you're hearing different numbers of cases throughout the day – we're going to report that daily.

We expect that we're going to be changing our recommendations over time based on what we learn. And that's an important thing. You'll start to see different activities taking place in different parts of the country, depending on the local outbreak picture – and that's good. You want people to respond based on what the situation is in their community, based on what situations are in particular countries.

Because of this speed in which things are progressing, you will at find – at times find inconsistent information, and we're going to work really hard to make sure that that doesn't stay up for long. But as we're updating recommendations and they're going out through various sources, you may find some inconsistency and we will work to minimize that.

This is moving fast, but I want you to understand that we view this more as a marathon. We do think that this will continue to spread, but we are taking aggressive actions to minimize the impact on people's health.

It's important that people understand that there's a role for everyone to play when there's an outbreak going on. There are things that individuals do, there's things that families do, communities do to try and reduce the impact. At the individual level, it's important people understand how they can prevent respiratory infections. Very frequent hand-washing is something that we talk about time and time again and that is an effective way to reduce transmission of disease. If you're sick, it's very important that people stay at home. If your children are sick, have a fever and flu-like illness, they shouldn't go to school. And if you're ill, you shouldn't get on an airplane or another public transport to travel. Those things are part of personal responsibility in trying to reduce the impact.

It's important that people think about what they would do if this outbreak ramps up in their community. We understand that in New York City there's a cluster of disease in a school and New York City has announced that they're not having those children come back to school on Monday, so that they can understand better about transmission in that school. There's a similar situation in Texas. Those are very smart public health decisions. If there are other communities where we saw cases in a school, we would be recommending that they take those actions as well.

So it's time for people to be thinking – forward-thinking about, well, if it were my child's school, what would I do, how would I be prepared for that kind of an event. We view the public as partners in the efforts to try and control what's going on.

There are a number of sources of information. I want people to know that the CDC web site – www.cdc.gov – has our latest information on swine flu. There's a link from there to very current information and there's a link there to a Spanish language site as well.

So let me talk about some of the public health actions that are going on. We are working very closely with state and local public health on the investigations going on around the country. We're providing both technical support on the epidemiology as well as support on the laboratory in terms of confirming cases.

We're also doing a lot of work with the World Health Organization, the Pan American Health Organization, and the governments of Mexico and Canada on this outbreak. There's a tri-national team that is working in Mexico to try and understand better the spread – why are they seeing more

severe disease in Mexico than we are here? That's a critical question. We're working to assist Mexico in establishing more laboratory capacity in-country. That, again, is very important because when you can define someone as a truly confirmed case, what you understand about how they acquire disease takes on much more meaning.

We issued two days ago an outbreak notice on our web site regarding travel to Mexico. It indicated that if you are traveling to Mexico, that you look at that to see what precautions could you take as an individual to reduce the likelihood that you became ill. We're going to continue to evaluate the situation in Mexico, and if need be we will increase the warnings based on what the situation warrants.

Later today we're going to be putting out some additional community guidance so that public health officials will know what our general recommendations are should they see cases in schools or additional cases in their community.

And I think that the last thing I want to mention is that whenever we see a novel strain of influenza, we begin our work in the event that a vaccine needs to be manufactured. So we've created that seed stock, we've identified that virus, and discussions are underway so that should we decide to work on manufacturing a vaccine, we can work towards that goal very quickly.

Our support to the states and locals will continue. We provide epidemiologic support, laboratory support, and we provide them support in terms of their medications and other material that they need to work on this outbreak.

So thank you very much, and I'll turn it over to the Secretary.

Secretary Napolitano: Thanks, Dr. Besser. A number of things going on and the purpose of today, this briefing, is to give you the most current information about what is happening. And as has been mentioned before, this is a changing picture. And so we intend to conduct these types of briefings daily for a while so that, you know, it can help up communicate to the public what is happening and so that with knowledge people know what kind of issue we're dealing with.

The first thing I want to announce today is that the *Department of Health and Human Services will declare today a public health emergency in the United States*. That sounds more severe than really it is. This is standard operating procedure and allows us to free up federal, state, and local agencies and their resources for prevention and mitigation; it allows us to use medication and diagnostic tests that we might not otherwise be able to use, particularly on very young children; and it releases funds for the acquisition of additional antivirals.

So you'll see those declarations coming out today. And when I say "standard operating procedure," that's exactly what I mean. We issued similar declarations for the recent floods in Minnesota and North Dakota and for the inauguration.

Second, I want to give you some information about where we are with respect to antiviral drugs. These are the kinds of things you would take should you get sick with this strain of flu. *We have 50 million treatment courses of antiviral drugs – Tamiflu and Relenza* – in the strategic national stockpile. We are releasing 25 percent of those courses, making them available to all of the states, but particularly prioritizing the states where we already have confirmed incidents of the flu. In addition, the Department of Defense has procured and strategically prepositioned 7 million treatment courses of Tamiflu.

The United States Department of Agriculture is heavily involved in monitoring and testing to ensure that there is no issue with our food supply, and everything looks fine. I want to underscore that you cannot get the swine flu from eating pork. So that's very important. And we're screening and testing livestock to monitor any developments there.

Next, in the Department of Homeland Security, we have a number of components with direct responsibility here. The CBP is inventorying for every duty station and every employee our resources, personal protective equipment, and so forth, to make sure that we have adequate supplies on hand at the borders themselves.

Secondly, we have implemented passive surveillance protocols to screen individuals who may arrive at our borders. All persons entering the United States from a location of human infection of swine flu will be processed through all appropriate CBP protocols. Right now those are passive. That means that they're looking for people who – and asking about, are you sick, have you been sick, and the like; and if so, then they can be referred over for further examination.

Travelers who do present with symptoms, if and when encountered, will be isolated per established rules. They will be provided both with personal protective equipment and we will continue to emphasize universal health measures like hand-washing and gloves. And if and when the situation develops all CBP sites can implement and we can deploy additional personnel to the borders.

In addition, at the TSA, many of the similar measures are being implemented there with respect to the protection of our TSA workers and also their experience with travelers. To date, the State Department has not issued official travel advisories for particularly Mexico, but again, as I said earlier, these situations are very fluid and so you need to keep up to date on that. In addition to the CDC website, the Department of State has a website that will keep travelers posted on what the situation is not only with our neighboring countries, but with countries around the world.

As I said earlier, our intent is to update you daily on this situation so that you can know what is happening within the federal government. State and local governments obviously now are in the loop. State and local public health authorities obviously are working very hard and will be working hard, because as the doctor said, this will be a marathon, not a sprint, and even if this outbreak is a small one, we can anticipate that we may have a subsequent or follow-on outbreak several months later, which we will be prepared for.

And again, the government can't solve this alone. We need everybody in the United States to take some responsibility here. If you are sick, stay home. Wash your hands, take all of those reasonable measures; that will help us mitigate, contain how many people actually get sick in our country.

Thank you.

Mr. Gibbs: With that, let's take a few questions.

Question: Thanks, Robert. Are there any U.S. clusters that suggest this is easily spread? Have we seen any pockets of suspected cases in the U.S. that suggest this could be on the scale of Mexico? And you say it's a marathon. How long is this marathon going to be?

Dr. Besser: Thanks for those questions. In terms of duration, my comment earlier about every outbreak is unique is really important to remember. And so it's very hard to say. There's one thing in our favor; we're nearing the end of the flu season, we're nearing the end of the season in which flu viruses tend to transmit very easily. And so we would expect to see a decline in cases, just like we're seeing a decline in cases of seasonal flu, at some point.

The issue of clusters is an important one, and New York City earlier talked about their school cluster, and that's important. Some of our early epidemiologic investigations are showing that contacts of people who have been diagnosed have a significant rate of respiratory infection – not confirmed to be this; we only have one documented by viral isolate case in this country of person-to-person spread – and that was an individual who had gone to Mexico and came back, and then there was a spouse who was diagnosed as well, and both are doing well.

Question: Robert, how concerned are you about the potential for this outbreak to set back the hopeful economic recovery both here in the United States and globally? And secondly, what if anything are we meant to read into the fact the President Obama decided to go golfing today? Is this part of your effort to reassure Americans that there's no need to panic?

Mr. Gibbs: I'm not sure I would draw a direct conclusion between the news today and the President's golf. (Laughter.)

I think as Mr. Brennan said, the President has been updated regularly on this and we'll continue to do so as we will continue to regularly update you.

In terms of anything that is affected economically both here and worldwide, I think it's probably far too early to determine whether that will be a case or whether that will have some factor. We just want to ensure that people understand the steps that are being taken both here and throughout government to address the situation, as well as, as each of these speakers have said, understand the individual responsibilities that people have. If you have questions, go to the CDC website at cdc.gov. And as the doctor mentioned, there's also a Spanish version of that site.

Question: First to you, Robert. Why was it necessary to have the President checked this morning?
Mr. Gibbs: The President hasn't been checked this morning.

Question: Ms. Jarrett indicated today on a Sunday morning program that he had been.
Mr. Gibbs: I will double-check. I don't know of any reason why he would have been.

Question: And Dr. Besser –
Mr. Gibbs: Let me expand that a little bit. I think these guys obviously have more medical degrees than I do, but the incubation period for this is a 24-48 hour incubation period. The doctors advised us that the President's health was never in any danger. We've been gone from Mexico for now more than nine days.

Question: Dr. Besser, you mentioned seed stock for vaccines. What is the threshold that you have to meet before you consider developing that vaccine and deploying that vaccine?
Dr. Besser: There are a number of things that we look at going into the decision as to whether to make a vaccine. One is the severity of the strain, its sustainability in the community; do we anticipate that it's a virus that will be here next flu season – so you want to prepare for that. Then there are issues in terms of production. Currently manufacturers are working on seasonal flu vaccine for next season, which has three types of influenza virus – or influenza antigen in it. We have to have discussions to determine could they add a fourth; would it require substituting or changing production in another way?
All of those discussions are underway, so that if there's a decision to move in that direction we'd be ready.

Question: I notice that you're not recommending that people, even if they're ill, become vaccinated. Has the President been vaccinated by Tamiflu or Relenza? And at what level does this have to get before we go from a public health emergency to a federal pandemic plan?
Dr. Besser: I wanted to clarify a couple things you said. Oseltamivir and zanamavir are not vaccines. Those are antiviral drugs that can be used to treat somebody who is ill.
One of the points I didn't make before is that if someone is ill with flu-like symptoms, in particular if they've traveled to an area that's been involved, they need to contact their doctor and determine what type testing and treatment is indicated.
At this point there is not a vaccine for this swine flu strain. It's a new strain of influenza. And so what we're talking about is whether it's warranted at this point to move toward manufacturing a vaccine.

Question: Two questions. First, I want to know if the public health emergency declaration allows the federal government to invoke any kind of quarantine powers. And if so, how would that be used? And second, we've been hearing for years that we could have another 1918-like pandemic. So based on what you know right now, how likely is it that this could be a very, very severe outbreak?
Secretary Napolitano: The public health declaration does not, in and of itself, convey quarantine authority. And most quarantine authority is held at the local and state level, and we're nowhere near that sort of a decision. The decisions that have been made to date are the common-sense ones, the few places where we've had a U.S. outbreak, to close a school here, close a school there. But most quarantine authority is held at the state and local level. And this declaration does not, in and of itself, provide that.

Dr. Besser: The other part of your question had to do with 1918 and what we're seeing here. One of the very important issues that we're looking at is how severe is this outbreak that's taking place. What we're seeing in this country so far is not anywhere near the severity of what we're hearing about in Mexico, and we need to understand that.
It's also important to recognize that there have been enormous efforts going on around the country and around the world for pandemic preparedness and that our detection of this strain in the United States really came out as part of that. There was work going on in San Diego in terms of developing a point of care test kit, something that could be used in doctors' offices, that detected a strain they

couldn't identify, and that was identified in our laboratories as the swine flu strain. And so that – really some of the preparedness activities, the laboratory capability that we have now is not what it was five years ago, let alone in 1918. We understand a lot about how flu should be managed and treated.

Question: And if I could just follow with one other question. Relenza and Tamiflu, how effective are they in treating this particular strain, if at all?

Dr. Besser: At this point, it's premature to talk about how effective they are. Those are some of the studies that we would want to undertake and assist Mexico in undertaking. We do know from seasonal flu that early treatment with antivirals can shorten the course of illness. But in terms of this situation, we know that the strain is susceptible, it's not resistant to those drugs. It is resistant to other drugs, amantadine and rimantadine. But it's not resistant to oseltamivir and zanamavir, which are the drugs that we've been stockpiling.

Secretary Napolitano: I just wanted to clarify – on the declaration of emergency, I wish we could call it declaration of emergency preparedness, because that's really what it is in this context. It's similar to what we do, for example, when we know – when a hurricane may be approaching a site, we will go ahead and issue an emergency declaration that allows us to preposition – frees up money, resources to get pre-positioned, to get ready. A hurricane may not actually hit a particular landfall, but it allows you to undertake a number of preparatory steps. And really that's what we're doing right now, the government. We're leaning forward, we're preparing in an environment where we really don't know ultimately what the size or seriousness of this outbreak is going to be.

Question: Dr. Besser, you said we were likely to see more cases and the CDC's Dr. Ann Schuchat said yesterday, "We do not think we can contain the spread of this virus." What exactly does that mean?

Dr. Besser: In strategies for outbreak control there's a concept of containment where if you can detect it very quickly in one community, that you could swoop in and try and quench it and knock it out so it doesn't go further. We don't think that that's a possibility, but we do think that it's very possible to mitigate or reduce the impact of this infection around the country.

In terms of detection, what we're seeing in this country is mild disease – things that would never have been detected if we weren't ramping up our surveillance. And so my comment there is that by our efforts of asking doctors to culture – we are asking doctors when they see someone who has flu-like illness who has traveled to an affected region to do a culture – take a swab in their nose and send it to the lab so we can see, is it influenza, is it this type. And I expect that as we do that we're going to find cases all – in many different parts.

When I mentioned the states we're seeing cases in right now, they're not all contiguous. The travel patterns of people now are such that we would expect that we're going to see cases in more states.

Question: If I could follow up on that, is it true that it took a week until after Mexico had invoked its own protective measures before the U.S. was notified of this? And is it a significant concern that HHS is in charge of this at a time when it doesn't have a Secretary?

Dr. Besser: In terms of detection and reporting, you know, the confirmation of swine flu from Mexico was shared with us immediately. There was great collaboration between Canada and Mexico on doing that testing. I'm in daily communication with their public health leadership and the collaborations have been absolutely superb. We share information about what we're seeing here and they're sharing information about what they're seeing in Canada and in Mexico.

Question: They sent those tests to Canada rather than the U.S., apparently because of paperwork.

Dr. Besser: Well, we have – there are quite a number of isolates that we've tested here from Mexico as well.

Mr. Gibbs: In terms of a Secretary, I think these guys have given you a pretty good indication of the response mechanisms that are in place and that have been activated relating to this. So I think it's all hands on deck and we're doing fine. I would say we're hopeful that we have a new Secretary very shortly. ... Yes, ma'am.

Question: Secretary Napolitano, I believe Japan and South Korea have both now announced that they're going to begin testing on passengers coming in from the U.S. Why is the U.S. not doing that with passengers coming in from Mexico? And then also, do you have any indications – I know it's still very early yet – but any indications that perhaps this might have been caused by bioterrorism, this new strain of flu?

Secretary Napolitano: I'll let John answer the second part. With respect to that, we're doing, as I said, passive surveillance now. Right now we don't think the facts warrant a more active testing or screening of passengers coming in from Mexico, although obviously we are letting air carriers and our employees at the gates on those flights make sure that they are asking people if they're sick; and if they're sick, that they shouldn't board the plane – you know, that sort of thing, passively.

But again, this is a changing dynamic that we may increase or decrease that as the facts change over the next 24, 48, 72 hours.

Dr. Besser: Yes, the question about the strain that we're seeing here, we analyzed that strain and are continuing to do further analysis of that strain and we expect to see the emergence of new flu strains. That's something that we are continually watching for to ensure that we're ready should a strain emerge that there's not immunity and protection in the community for it. This strain is not unlike other new strains that have emerged. It's an assortment – it's got genetic components from a number of sources, including human, swine, and avian sources. And that's something that you see with new strains.

And so there's nothing that we have seen in our work that would suggest anything but a naturally occurring event.

Question: But from a security perspective, nothing to rule it out either – the possibility of bioterrorism?

Mr. Brennan: We are looking at all different aspects here, but as the doctor said, there is no evidence whatsoever that we have seen. But clearly, in order to make sure that we're doing everything possible, we're looking at all potential explanations here – but no evidence whatsoever on the bioterrorism –

Question: How do the – Madam Secretary, how do the stocks of effective antivirals today compare to previous outbreaks – SARS, for example? And will DOD stocks be available for the public, or are those just for DOD?

Secretary Napolitano: Right now the DOD stocks I believe are for the DOD personnel, but I'll have to confirm that for you later. I believe that to be the case. We have 50 million courses that are in the national stockpile. As I said, we're freeing up a quarter of those for use by the states, in addition to whatever state stockpiles they have, should they need it. Priority will go to the states that have confirmed outbreaks of disease. And I don't have the history on how that compares to what we had on hand for SARS.

Dr. Besser: The strategic national stockpile has considerable assets for treating flu. In addition to the antivirals, there's the supplies should we see hospitalizations that would warrant support. SARS is a different picture in that there were – there was not a medication that people could take to treat it, and so this is a very different situation.

And as part of our planning for a large outbreak this pre-deployment of availability is a leaning-forward step. We know that many states aren't seeing any cases, but it was our belief that having things there ahead of time was the way to go, rather than waiting until it got to a point where people were asking.

Question: Secretary Napolitano, you mentioned the quarantine power and, you know, that's really a state and local issue. What additional authority does the President have, what other powers does he have to contain this, to mitigate it, whatever. What else can he do?

Secretary Napolitano: I don't want to give you a legal brief on that right now, but that's –

Question: Perhaps later? (Laughter.)
Secretary Napolitano: Yes, exactly. (Laughter.)
We want to make sure that it's very precisely explained to you and to the public. So perhaps we could brief that to you later on this week.

Question: But there are additional things? You guys are confident that – measures that you can take, beyond a declaration of emergency – things that you can do at the federal level?
Secretary Napolitano: Yes.

Question: Okay. And Robert, actually, can you follow up on that eco question, on the eco trade. I just want to be clear, you're not at all studying this, measuring what sort of effect this could have economically – you're just not at that level yet?
Mr. Gibbs: I'll check with NEC. I don't know of anything related to that at this point, but we can certainly check. ... Yes, ma'am.

Question: What haven't you banned U.S. travel to Mexico and why haven't you changed the U.S. alert level in the face of this– unless the declaration of public health emergency is doing that?
Dr. Besser: I can comment. We have at CDC posted an outbreak notification regarding Mexico, and we're continuing to watch the situation there and evaluate. And should it be warranted, we would make a change in that regard.
In terms of the stages and phases of pre-pandemic situations, the real important take-away is that we have an outbreak of a new infectious disease that we're approaching aggressively. And it matters much less what you call it. Those things are designed to trigger actions, but we trigger our actions based on what we're seeing here in-country as well as what we see around the globe. And given that this new strain is something we're experiencing here on the ground, we're being very aggressive and addressing that based on what we're seeing in each community.

Question: What has been discovered so far about why people in Mexico have died, but not elsewhere?
Dr. Besser: That's an unanswered question. We have folks on the ground and we haven't been able to find an answer for that. There are a number of different hypotheses and I'm hoping that we'll be able to shed some light on that as these teams get more established and continue their studies.

Question: For Dr. Besser, is there evidence of ongoing transmission in Mexico, or are the cases being picked up there ones that happened in the last couple of weeks and are over? Or are there new chains of transmission being generated?
Dr. Besser: Again, I don't want to comment on the situation on the ground in Mexico. I've not heard that it is stopping. Their overall flu surveillance is only showing a small increase from what they would see annually, which, again, makes it difficult to use some of the surveillance tools to measure the impact of a new strain when you're in the midst of another flu season.

Question: Just to follow up on what the President – for you, Robert – what the President – did you say that he has not been treated with any kind of –
Mr. Gibbs: I said yesterday that he had not been. I will recheck with the doctor. Again, based on the incubation period, neither he, nor anybody that he traveled with, nor anybody in the press corps that I'm aware of would have exhibited any symptoms that would have caused any heightened awareness.

Question: But the doctor didn't check him out –
Mr. Gibbs: No. Again, in the absence of symptoms – I think this probably goes without saying, too – in the absence of symptoms, you shouldn't go get tested. That's going to crowd any sort of either public health or private health infrastructure. If you are sick or you do have symptoms, then you should take precautions. But there's not reason to believe that his – or anybody that traveled with him – health was in any sort of jeopardy.
Question: Just to follow up on the HHS question. Apparently, HHS – CDC, Surgeon General assured there are no –
Mr. Gibbs: I thought he was doing a pretty good job. (Laughter.)

Question: But it raises a political question about how movement there has been stalled because of HHS. I mean, do you have – has the President expressed concern about the fact that you don't have a team in place there, or at the –
Mr. Gibbs: No, because – I want to be very clear here. There is a team in place. The team is – part of it is standing behind me, and part of it is working as we speak to identify exactly what the doctor and others have talked about. I think this notion somehow that if there's not currently a Secretary, that there's not the function that needs to take place in order to prepare for this either this or any other situation is just simply not the case.
Thanks, guys.

The New York Times

Donald G. McNeil Jr.

U.S. Declares Public Health Emergency Over Swine Flu

The New York Times, 26 April 2009
https://web.archive.org/web/20090501212236/http:/www.nytimes.com/2009/04/27/world/27flu.html

Responding to what some health officials feared could be the leading edge of a global pandemic emerging from Mexico, American health officials declared a public health emergency on Sunday as 20 cases of swine flu were confirmed in this country, including eight in New York City.

Other nations imposed travel bans or made plans to quarantine air travelers as confirmed cases also appeared in Mexico and Canada and suspect cases emerged elsewhere.

Top global flu experts struggled to predict how dangerous the new A (H1N1) swine flu strain would be as it became clear that they had too little information about Mexico's outbreak – in particular how many cases had occurred in what is thought to be a month before the outbreak was detected, and whether the virus was mutating to be more lethal, or less.

"We're in a period in which the picture is evolving," said Dr. Keiji Fukuda, deputy director general of the World Health Organization. "We need to know the extent to which it causes mild and serious infections."

Without that knowledge – which is unlikely to emerge soon because only two laboratories, in Atlanta and Winnipeg, Canada, can confirm a case – his agency's panel of experts was unwilling to raise the global pandemic alert level, even though it officially saw the outbreak as a public health emergency and opened its emergency response center.

As a news conference in Washington, Homeland Security Secretary Janet Napolitano called the emergency declaration "standard operating procedure," and said she would rather call it a "declaration of emergency preparedness."

"It's like declaring one for a hurricane," she said. "It means we can release funds and take other measures. The hurricane may not actually hit."

American investigators said they expected more cases here, but noted that virtually all so far had been mild and urged Americans not to panic.

The speed and the scope of the world's response showed the value of preparations made because of the avian flu and SARS scares, public health experts said.

The emergency declaration in the United States lets the government free more money for antiviral drugs and give some previously unapproved tests and drugs to children. One-quarter of the national stockpile of 50 million courses of antiflu drugs will be released.

Border patrols and airport security officers are to begin asking travelers if they have had the flu or a fever; those who appear ill will be stopped, taken aside and given masks while they arrange for medical care.

"This is moving fast and we expect to see more cases," Dr. Richard Besser, acting director of the Centers for Disease Control and Prevention, said at the news conference with Ms. Napolitano. "But we view this as a marathon."

He advised Americans to wash their hands frequently, to cover coughs and sneezes and to stay home if they felt ill; but he stopped short of advice now given in Mexico to wear masks and not kiss

or touch anyone. He praised decisions to close individual schools in New York and Texas but did not call for more widespread closings.

Besides the eight New York cases, officials said they had confirmed seven in California, two in Kansas, two in Texas and one in Ohio. The virus looked identical to the one in Mexico believed to have killed 103 people – including 22 people whose deaths were confirmed to be from swine flu – and sickened about 1,600. As of Sunday night, there were no swine flu deaths in the United States, and one hospitalization.

Other governments tried to contain the infection amid reports of potential new cases including in New Zealand and Spain.

Dr. Fukuda of the W.H.O. said his agency would decide Tuesday whether to raise the pandemic alert level to 4. Such a move would prompt more travel bans, and the agency has been reluctant historically to take actions that hurt member nations.

Canada confirmed six cases, at opposite ends of the country: four in Nova Scotia and two in British Columbia. Canadian health officials said the victims had only mild symptoms and had either recently traveled to Mexico or been in contact with someone who had.

Other governments issued advisories urging citizens not to visit Mexico. China, Japan, Hong Kong and others set up quarantines for anyone possibly infected. Russia and other countries banned pork imports from Mexico, though people cannot get the flu from eating pork.

In the United States, the C.D.C. confirmed that eight students at St. Francis Preparatory School in Fresh Meadows, Queens, had been infected with the new swine flu. At a news conference on Sunday, Mayor Michael R. Bloomberg said that all those cases had been mild and that city hospitals had not seen a surge in severe lung infections.

On the streets of New York, people seemed relatively unconcerned, in sharp contrast to Mexico City, where soldiers handed out masks.

Hong Kong, shaped by lasting scars as an epicenter of the SARS outbreak, announced very tough measures. Officials there urged travelers to avoid Mexico and ordered the immediate detention of anyone arriving with a fever higher than 100.4 degrees Fahrenheit after traveling through any city with a confirmed case, which would include New York.

Everyone stopped will be sent to a hospital for a flu test and held until it is negative. Since Hong Kong has Asia's busiest airport hub, the policy could severely disrupt international travel.

The central question is how many mild cases Mexico has had, Dr. Martin S. Cetron, director of global migration and quarantine for the Centers for Disease Control, said in an interview.

"We may just be looking at the tip of the iceberg, which would give you a skewed initial estimate of the case fatality rate," he said, meaning that there might have been tens of thousands of mild infections around the 1,300 cases of serious disease and 80 or more deaths. If that is true, as the flu spreads, it would not be surprising if most cases were mild.

Even in 1918, according to the C.D.C., the virus infected at least 500 million of the world's 1.5 billion people to kill 50 million. Many would have been saved if antiflu drugs, antibiotics and mechanical ventilators had existed.

Another hypothesis, Dr. Cetron said, is that some other factor in Mexico increased lethality, like co-infection with another microbe or an unwittingly dangerous treatment.

Flu experts would also like to know whether current flu shots give any protection because it will be months before a new vaccine can be made.

There is an H1N1 human strain in this year's shot, and all H1N1 flus are descendants of the 1918 pandemic strain. But flus pick up many mutations, and there will be no proof of protection until the C.D.C. can test stored blood serum containing flu shot antibodies against the new virus. Those tests are under way, said an expert who sent the C.D.C. his blood samples.

The Ledger

U.S. Declares Public Health Emergency For Swine Flu

The Ledger // The Associated Press, 26 April 2009
https://www.theledger.com/story/news/2009/04/26/u-s-declares-public-health/26012841007/

Washington | Administration officials declared a public health emergency Sunday to deal with the emerging new swine flu, much like the government does to prepare for approaching hurricanes.

Officials reported 20 U.S. cases of swine flu in five states so far, with the latest in Ohio and New York.

Unlike in Mexico where the same strain appears to be killing dozens of people, cases in the United State have been mild – and U.S. health authorities can't yet explain why.

"As we continue to look for cases, we are going to see a broader spectrum of disease," predicted Dr. Richard Besser, acting chief of the Centers for Disease Control and Prevention. "We're going to see more severe disease in this country."

At a White House news conference, Besser and Homeland Security Secretary Janet Napolitano sought to assure Americans that health officials are taking all appropriate steps to minimize the impact of the outbreak.

Top among those is declaring the public health emergency. As part of that, Napolitano said roughly 12 million doses of the drug Tamiflu will be moved from a federal stockpile to places where states can quickly get their share if they decide they need it. Priority will be given to the five states with known cases so far: California, Texas, New York, Ohio and Kansas.

Napolitano called the emergency declaration standard operating procedure – one was declared recently for the inauguration and for flooding. She urged people to think of it as a "declaration of emergency preparedness."

"Really that's what we're doing right now. We're preparing in an environment where we really don't know ultimately what the size of seriousness of this outbreak is going to be."

Meanwhile in New York, the city was dealing with a growing public health threat Sunday after tests confirmed that eight students at a private Catholic high school had contracted swine flu.

Some of the school's students had visited Mexico on a spring break trip two weeks ago.

New York officials previously had said they were eight probable cases, but the Centers for Disease Control and Prevention confirmed that it was swine flu, Mayor Michael Bloomberg said.

About 100 students at St. Francis Preparatory School complained of flu-like symptoms.

Bloomberg stressed the cases were mild and many are recovering, but also said that parents of the students also had flu symptoms, "suggesting it is spreading person to person."

He said that the virus likely came from Mexico, although that has not officially been determined.

"We do know that some of the students from the school had a spring break in Mexico," Bloomberg said, surrounded by top city officials and members of Congress. "It is most likely to be brought back from Mexico, but nobody knows."

Federal health officials said Sunday that 20 cases of swine flu have been reported so far in New York, Ohio, Kansas, Texas and California. Patients have ranged in age from 9 to over 50. At least two were hospitalized. All recovered or are recovering.

In Mexico, health officials say a strain of swine flu has killed up to 81 people and sickened more than 1,000.

New York officials said the flu strain discovered in the patients here is similar to the one in Mexico, but not as severe at this point. They are still conducting tests to investigate the strain in New York.

St. Francis is the largest private Catholic high school in the nation, with 2,700 students. The school canceled classes on Monday and Tuesday in response to the outbreak.

Parent Jackie Casola said Sunday that her son Robert Arifo, a St. Francis sophomore, told her on Thursday that a number of children had been sent home because of illness. On Friday, he said hardly anyone was in school.

Casola said she expected to keep him home from school on Monday, even if it was open. He hasn't shown any symptoms, but some of his friends have, she said, and she has been extra vigilant about his health. "I must have drove him crazy, I kept taking his temperature in the middle of the night," she said.

In Mexico where the outbreak began, churches stood empty Sunday in heavily Roman Catholic Mexico City after services were canceled. Health workers screened airports and bus stations for people sickened by the new strain of swine flu that experts fear could become a global epidemic.

Mayor Marcelo Ebrardo said two more people died of swine flu overnight in the overcrowded capital, and three other deaths are suspected to have been caused by the strain. Another 73 more people were hospitalized with influenza, possible swine flu.

City Health Secretary Armando Ahued said most of the fatalities involve victims who only sought medical help after the disease was well advanced and urged people to seek urgent care.

President Felipe Calderon has assumed new powers to isolate people infected with the deadly swine flu strain that health officials say has killed up to 86 people and likely sickened about 1,400 in the country since April 13.

The flu has spread beyond Mexico's borders with 20 confirmed cases in five U.S. states and suspected cases as far away as New Zealand.

In Mexico, soldiers and health workers patrolled the capital's subway system on Sunday handing out surgical masks and looking for possible flu cases. People were advised to seek medical attention if they suffered from symptoms including a fever of more than 100 degrees, body aches, coughing, a sore throat, respiratory congestion and, in some cases, vomiting and diarrhea.

Hundreds of public events from concerts to sports matches to were called off to keep people from congregating and spreading the virus in crowds. Zoos were closed and visits to juvenile correction centers were suspended.

About a dozen federal police in blue surgical masks stood in front of Mexico City's Metropolitan Cathedral, which was nearly empty after a measure canceling services to avoid large concentrations of people.

Johana Chavez, 22, said she showed up for her confirmation only to find a sign advising that all Masses, baptisms and confirmations were canceled until further notice.

"We are all Catholic so this is a big step, closing the cathedral," she said, cradling a squirming infant in her arms. "The flu must be bad. I guess I'll have to come back later."

Markets and restaurants were nearly empty. And throngs of Mexicans – some with just a fever – rushed to hospitals.

Mexico appears to have lost valuable days or weeks in detecting the new flu strain, a combination of pig, bird and human viruses that humans may have no natural immunity to. Health officials have found cases in 16 Mexican states. Two dozen new suspected cases were reported in the capital on Saturday alone.

The first death was in southern Oaxaca state on April 13, but Mexico didn't send the first of 14 mucus samples to the U.S. Centers for Disease Control and Prevention until April 18, around the same time it dispatched health teams to hospitals looking for patients with severe flu or pnuemonia-like symptoms.

Those teams noticed something strange: The flu was killing people aged 20 to 40. Flu victims are usually either infants or the elderly.

The Spanish flu pandemic, which killed at least 40 million people worldwide in 1918-19, also first struck otherwise healthy young adults.

The World Health Organization on Saturday asked all countries to step up reporting and surveillance of the disease, as airports around the world were screening travelers from Mexico for flu symptoms.

On Sunday, New Zealand reported that 10 students "likely" have swine flu after a school trip to Mexico, though Health Minister Tony Ryall said none of the students was seriously ill and there was no guarantee they had swine flu. Israel's Health Ministry said there is one suspected case in that country and France is investigating four possible cases.

WHO Director-General Margaret Chan said the outbreak of the never-before-seen virus has "pandemic potential." But she said it is still too early to tell if it would become a pandemic – an epidemic that spreads in humans around the world.

Mexican authorities ordered schools closed in the capital and the states of Mexico and San Luis Potosi until May 6.

A team from the CDC was in Mexico to help set up detection testing for the swine flu strain, something Mexico previously lacked.

Health authorities noticed a threefold spike in flu cases in late March and early April, but thought it was a late rebound in the December-February flu season.

Testing at domestic labs did not alert doctors to the new strain. Health Secretary Jose Cordova acknowledged Mexican labs lacked the profiling data needed to detect the previously unknown strain.

Even though U.S. labs detected the swine flu in California and Texas before last weekend, Mexican authorities as recently as Wednesday were referring to it as a late-season flu.

But mid-afternoon Thursday, Mexico City Health Secretary Dr. Armando Ahued said, officials got a call "from the United States and Canada, the most important laboratories in the field, telling us this was a new virus."

Asked why there were so many deaths in Mexico, and none so far among the U.S. cases, Cordova noted that the U.S. cases involved children – who haven't been among the fatal cases in Mexico, either.

"There are immune factors that are giving children some sort of defense, that is the only explanation we have," he said.

Another factor may be that some Mexican patients may have delayed seeking medical help too long, Cordova said. Others are forced to work and leave their homes despite health concerns.

Wearing two dirty, blue surgical masks she says she found and a heavy coat, Daniela Briseno swept garbage early Sunday morning from the streets in Mexico City.

"This chill air must be doing me harm. I should be at home but I have a family to support," the 31-year-old said.

World Health Organization

Dr Margaret Chan

Swine Influenza
Statement by WHO Director-General

WHO, 27 April 2009
https://web.archive.org/web/20090429204652/http://www.who.int/mediacentre/news/statements/2009/h1n1_20090427/en/index.html

The Emergency Committee, established in compliance with the International Health Regulations (2005), held its second meeting on 27 April 2009.

The Committee considered available data on confirmed outbreaks of A/H1N1 swine influenza in the United States of America, Mexico, and Canada. The Committee also considered reports of possible spread to additional countries.

On the advice of the Committee, the WHO Director-General decided on the following.

– The Director-General has raised the level of influenza pandemic alert from the current phase 3 to phase 4.

The change to a higher phase of pandemic alert indicates that the likelihood of a pandemic has increased, but not that a pandemic is inevitable.

As further information becomes available, WHO may decide to either revert to phase 3 or raise the level of alert to another phase.

This decision was based primarily on epidemiological data demonstrating human-to-human transmission and the ability of the virus to cause community-level outbreaks.

– Given the widespread presence of the virus, the Director-General considered that containment of the outbreak is not feasible. The current focus should be on mitigation measures.

– The Director-General recommended not to close borders and not to restrict international travel. It was considered prudent for people who are ill to delay international travel and for people developing symptoms following international travel to seek medical attention.

– The Director-General considered that production of seasonal influenza vaccine should continue at this time, subject to re-evaluation as the situation evolves. WHO will facilitate the process needed to develop a vaccine effective against A(H1N1) virus.

– The Director-General stressed that all measures should conform with the purpose and scope of the International Health Regulations.

CBS NEWS

Daniel Carty

Obama: Swine Flu "Not A Cause For Alarm"

CBS News, 27 April 2009, 9:27 AM EDT
https://www.cbsnews.com/news/obama-swine-flu-not-a-cause-for-alarm/

The swine flu outbreak responsible for as many as 103 deaths in Mexico and at least 20 confirmed cases in the U.S. is "obviously a cause for concern … but it is not a cause for alarm," President Barack Obama said Tuesday.

Speaking before the National Academy of Sciences, Mr. Obama said he is "closely monitoring" the swine flu situation, getting regular updates from the various public health agencies grappling with the problem – the Centers for Disease Control and the Department of Health and Human Services among them. Mr. Obama said Americans can expect regular updates from these agencies as well.

Mr. Obama also said that the declaration of a public health emergency was a precautionary tool to aid officials in addressing the problem.

So far, there have been 20 cases reported in five states – New York, Texas, California, Ohio and Kansas – but no fatalities. In Mexico, there are 1,600 confirmed infections and Spain reported its first case Monday – the first outside North America. Governments around the world have advised against travel to Mexico and the U.S. China, Taiwan and Russia are considering quarantines of people returning from those affected countries.

TIME

Eben Harrell

How to Deal with Swine Flu: Heeding the Mistakes of 1976

Time, 27 April 2009.
https://web.archive.org/web/20090429201205/http://www.time.com/time/health/article/0,8599,1894129,00.html

In February 1976, an outbreak of swine flu struck Fort Dix Army base in New Jersey, killing a 19-year-old private and infecting hundreds of soldiers. Concerned that the U.S. was on the verge of a devastating epidemic, President Gerald Ford ordered a nationwide vaccination program at a cost of $135 million (some $500 million in today's money). Within weeks, reports surfaced of people developing Guillain-Barré syndrome, a paralyzing nerve disease that can be caused by the vaccine. By April, more than 30 people had died of the condition. Facing protests, federal officials abruptly canceled the program on Dec. 16. The epidemic failed to materialize.

Medical historians and epidemiologists say there are many differences between the relatively benign 1976 outbreak and the current strain of swine flu that is spreading across the globe. But they also say the decisions made in the wake of the '76 outbreak – and the public's response to them – provide a cautionary tale for public health officials, who may soon have to consider whether to institute draconian measures to combat the disease.

"I think 1976 provides an example of how not to handle a flu outbreak, but what's interesting is that it made a good deal of sense at the time," says Hugh Pennington, an emeritus professor of virology at Britain's University of Aberdeen. Pennington points out that conventional wisdom in 1976 held that the 1918 flu pandemic – which started among soldiers and eventually killed as many as 40 million – was the result of swine flu (scientists now know it was in fact a strain of bird flu). Despite modern advances in microbiology, today's health officials still make decisions in a "cloud of uncertainty," Pennington says. "At the moment, our understanding of the current outbreak is similarly limited. For example, we don't yet understand why people are dying in Mexico but not elsewhere."

In a quickly evolving situation, deciding what public health orders to make becomes as much an art as a science, and can often stir debate. On Monday, for example, health officials in Europe advised citizens to cancel all nonessential trips to Mexico and the U.S. The U.S. Centers for Disease Control and Prevention (CDC) said that advisory was too severe. Such decisions, difficult enough to make on purely medical grounds, become even more complicated when they involve politics. In 1976, President Ford's vaccine program came during an election cycle, and some historians believe he was swayed as much by a desire to display strong leadership as by the advice of health experts.

Howard Markel, director of the Center for the History of Medicine at the University of Michigan and a historical consultant to the CDC on flu pandemics, says the most vexing decision facing health officials is when to institute mass vaccination programs. Vaccines carry risks of complications, leading to agonizing ethical dilemmas. In 1976, Ford offered indemnity to the vaccine manufacturers. But according to reports, President George W. Bush decided in 2002 not to administer a nationwide smallpox vaccination program – despite Vice President Dick Cheney's belief that doing so was a prudent counterterrorism step – because it could have resulted in dozens of deaths (the smallpox vaccine kills between 1 and 2 people per million people inoculated).

Markel says the political climate in the U.S. is much less combustible today than in the post-Watergate era, when Ford faced a skeptical public. Even so, he says, citizens still need to trust that the government is working for the greater good. He says, "The good news is that our surveillance, methodology and public health professionals have never been better. But we are human and mistakes may be made – as happened with the 1976 swine flu affair – and we may jump the gun in the hope of preserving life. The current outbreak is a situation in flux. The American public has to be forgiving and patient and do [their] part too."

АРГУМЕНТЫ И ФАКТЫ AIF.RU ФЕДЕРАЛЬНЫЙ АИФ

Александра Матросова

Мир готовится к биологической войне: свиной грипп - только начало

Аргументы и Факты, 27 апреля 2009, 12:29
https://aif.ru/politics/world/10856

Новость об эпидемии свиного гриппа облетела всю планету. Вирус-мутант продолжает убивать людей. Отсчёт жертв вот-вот с десятков перейдёт на сотни. Правительства стран настоятельно рекомендуют населению воздержаться от поездок в Мексику, где предположительно зародилась инфекция. В блогах Рунета снова стали популярны цитаты из пророчеств Ванги о начале Третьей мировой войны.

- Война начнется в ноябре 2010 года и окончится в октябре 2014 года, - не перестают повторять форумисты слова, приписываемые известной провидице, - Начнется, как обычная, затем будет применено сначала ядерное, потом химическое оружие.

О том, какой может быть истинная причина возникновения вируса и может ли свиной грипп иметь отношение к биологическому оружию, в эксклюзивном интервью AIF.RU рассказал **политтехнолог Сергей Маркелов.**

- Есть две достаточно традиционные версии возникновения инфекций, которые распространяются по всему миру. Первая – это естественная мутация некоего вируса, некой болезни, без вмешательства человека. Вторая – это зарождение вируса, которое было привнесено внешним фактором, таким как утечка при разработках секретных лабораторий.

- Как, по вашему мнению, возник свиной грипп?

- Я как доктор по первому образованию и как политолог думаю, что всё-таки в истории со свиным гриппом речь идёт об утечке из лабораторий по производству биооружия.

Скорее всего, появление этого вируса является продуктом неаккуратных действий разработчиков этой инфекции. На сто процентов этого не узнает никто никогда, но лаборатории, создающие такого рода вирусы, могли работать в том числе и над свиным гриппом. Это вполне реальная, живая версия. Другое дело, плохо то, что сейчас это скрывается.

- Что вам известно о разработках биооружия?

- Эти разработки ведутся всё время, о них мы практически ничего не знаем. Предыдущим этапом, как мы помним, была скандальная история с птичьим гриппом в Китае.

- В какой стране могут располагаться лаборатории по производству свиного гриппа?

- Вполне вероятно, что располагаются они именно в Мексике, которая легко может быть полигоном тех же американцев, ЦРУ. Более того: данная страна относится к категории государств Латинской Америки, где давно существует масса лабораторий.

Я сам во время своей бытности врачом был там в командировке. В глубоких зарослях, в километрах двух-трёх от Амазонки есть если не десятки тысяч, то тысячи лабораторий. Добрая половина из них стала небольшими гостиницами. Я сам в такой жил - в бывшей лаборатории по изучению биоресурсов и по разработке инфекций.

Нам показывали, какие исследования проходят в них, при этом непонятно, то ли ученые проводят исследования над имеющимися инфекциями, то ли их создают. По крайней мере, там можно делать и то и то.

- Как выглядят эти строения?

- Снаружи они полностью деревянные. Изнутри – отделаны по последнему слову техники. Строятся такие лаборатории на сваях, которые в высоту достигают 4-5 метров. Возвышение построек над землёй связано с опасностью животных, над которыми проводятся испытания.

Построены они полностью для выживания в условиях Амазонки и джунглей: абсолютно защищены от москитов и диких животных. Внутри там несколько видов помещений: отдельные отсеки для подопытных экземпляров, отдельные – для медикаментов и составления отчётов о проделанной работе. Есть также отсеки для проживания сотрудников.

- Сколько человек может работать в одной такой лаборатории?

- Навскидку – человек 30-40 спокойно. Те испытания, которые показывали нам, были связаны с ядовитыми микроскопическими насекомыми и лягушками. Подозреваю, что в целом испытания проводятся там на тех же животных, которые водятся в стране. То, что туда приводят подопытные экземпляры, маловероятно.

- Может ли распространение информации о вирусе использоваться как отвлекающий от мирового кризиса фактор?

- С точки зрения информационной войны, безусловно. Сейчас идёт главный информационный поток, связанный с кризисом, а также аналогичный по значимости контринформационный поток, связанный со свиным гриппом. Второй как бы перетягивает на себя внимание. Я могу допустить, что информационный повод разжигается, чтобы отойти от «жевания» темы кризиса.

К слову, во всех событиях есть часть рациональная, а есть иррациональная. Если брать рациональную, то да, эта тема будет отвлекать внимание от кризиса. С точки зрения иррационального, это событие могло произойти когда угодно: и в кризис, и вне кризиса. Один процент я всё-таки отдаю на то, что это событие само порождено другой категорией проблем, не информационной.

Я бы всё-таки посмотрел на эту историю с пандемией с точки зрения репетиций других, более конструктивных мер, отработки сценариев для борьбы с такими заболеваниями в планетарном масштабе. Это более полезно для всех, в том числе и для разработчиков биооружия.

На самом деле инфекций создано гораздо больше. Но почему не распространяются все эти изобретения - потому что хочется, чтобы к ним успели создать противоядие. Тогда ценность этого изобретения качественно возрастает. Условно говоря, создавая любое новое оружие, в профессиональной лаборатории создают контроружие. Это уже называется правильной работой.

- Что сейчас могут сделать правительства стран для противостояния этой инфекции, ведь, судя по всему, её утечка произошла до изобретении противоядия?

- У стран сейчас есть только один выход: синхронно работать в рамках сценариев распространения инфекций, научиться управлять инфекционными потоками, которые в данном случае ничем не отличаются от любых других потоков, таких как демографические или денежные потоки.

- Каким будет восприятие этой проблематики в России?

- Как и на любой социальный миф, как и на любую социальную линию, реакция будет разная. Одна будет безразличная (ноль-реакция), кто-то войдёт в категорию людей-фанатов, которые будут помешаны на борьбе с этой инфекцией, кто-то будет постоянно метаться от фобий к безразличию. Отсюда и поступки будут разные.

К слову сказать, это не тот информационный повод, не та ситуация, которая нас напугает. Мы уже пуганые. Вообще трудно представить, что может вывести из равновесия россиян.

РОСБАЛТ

Медведев велел разобраться со свиным гриппом

Росбалт, 27 апреля 2009, 19:05
https://www.rosbalt.ru/main/2009/04/27/636721.html

Москва, 27 апреля. Президент РФ Дмитрий Медведев поручил высшим должностным лицам (руководителям высших исполнительных органов госвласти) субъектов РФ оперативно организовать проведение необходимых мероприятий по предотвращению распространения на территории РФ свиного гриппа, предусмотрев организационное и финансовое обеспечение. Об этом сообщает ИТАР-ТАСС.

Президент также поручил полпредам в округах взять под личный контроль работу по предотвращению распространения на территории России "свиного гриппа".

Медведев установил ежемесячный срок представления докладов.

Напомним, Всемирная организация здравоохранения (ВОЗ) объявила вспышку свиного гриппа в Мексике и США. Количество жителей Мексики, погибших от свиного гриппа, достигло 103 человек. В США в связи с распространением свиного гриппа объявлено о чрезвычайном положении. Здесь подтверждено пока 20 случаев заболевания, причем в пяти находящихся на достаточном удалении друг от друга штатах: Нью-Йорке, Калифорнии, Канзасе, Техасе и Огайо.

В Великобритании с признаками заболевания гриппом госпитализирован член экипажа пассажирского самолета, прибывшего из Мексики.

Минздрав Испании сегодня подтвердил диагноз «свиной грипп» у жителя страны, недавно вернувшегося из Мексики.

Выявленный в Мексике и США вирус H1N1, от которого скончались уже более 60 человек, назвали «Калифорния 04/2009».

newsru.com В РОССИИ

Число жертв свиного гриппа в Мексике превысило 100 человек

News.ru, 27 апреля 2009 г., 08:58
https://www.newsru.com/world/27apr2009/flu.html

103 человека скончались от свиного гриппа по состоянию на вечер воскресенья, 1614 госпитализированы с симптомами болезни, сообщил мексиканский министр здравоохранения Хосе Анхель Кордова. Эти данные передает РИА "Новости".

Ранее подтверждался факт смерти 22 человек от свиного гриппа H1N1, причина других 65 летальных исходов была точно не установлена. Наиболее примечательные цитаты на эту тему из российских газет приводит сайт Заголовки.Ru.
https://web.archive.org/web/20090430094505/http://zagolovki.ru/daytheme/virys/27Apr2009

До последнего времени были известны лишь единичные случаи заражения людей свиным гриппом. Этот вирус считался видоспецифичным - то есть не передающимся от животных к человеку в обычных условиях, у людей отсутствует иммунитет к этому вирусу.

Свиной грипп уронил фондовые рынки

Власти Мексики заявляли о необходимости строго соблюдать все введенные противоэпидемические меры, включающие отмену всех зрелищных и массовых мероприятий в Мехико, рекомендации избегать людных мест, чаще мыть руки и пользоваться марлевыми лицевыми повязками.

Как передает Sky News, из-за вспышки заболевания столица Мексики превратилась в "город призраков". Посольство США приостановило выдачу виз, сообщает РИА "Новости". В США заразились 20 человек. Мексиканец с подозрением на свиной грипп был госпитализирован в Бразилии. В Испании выявлено восемь случаев возможного заражения свиным гриппом. По данным ИТАР-ТАСС, вирус свиного гриппа выявлен у шести граждан Канады.

В Новой Зеландии, возможно, заразились свиным гриппом подростки, побывавшие в Мексике в составе двух независимых групп, передает АР. 40 человек добровольно остаются на домашнем карантине. Два австралийца, также побывавших в Мексике, в понедельник госпитализированы в больницу штата Квинсленд с признаками заболевания. Сообщается о возможных случаях заражения в Израиле, Франции и Великобритании.

Вспышка свиного гриппа в Мексике имеет "потенциал пандемии"

Глава Всемирной организации здравоохранения (ВОЗ) Маргарет Чен заявила, что вспышка заболевания в Мексике имеет "потенциал пандемии". ВОЗ предупреждает, что вирус свиного гриппа может в результате мутации превратиться в более опасный вирус.

По данным организации, мировое сообщество лучше готово к возможной пандемии нового вируса гриппа, чем пять лет назад, когда возникла необходимость бороться с птичьим гриппом. ВОЗ уже начала предварительную работу по подготовке лабораторий к выпуску вакцины, которая может понадобиться в случае разрастания вспышки заболевания у свиней.

Меры по предотвращению распространения свиного гриппа ввели Доминиканская Республика, Боливия, Бразилия, Китай, Япония, Малайзия, Индонезия, Сингапур, Таиланд и Филип-

пины, передает ИТАР-ТАСС. В России создана правительственная комиссия по предотвращению распространения заболевания на территории страны. Об этом пишет газета "Коммерсант" в понедельник.

Как передает АР, власти различных стран мира прикладывают усилия, чтобы избежать истерии, связанной с выявлением новых случаев возможного заражения свиным гриппом. Вашингтон заявляет, что сейчас не время паниковать.

Всемирный банк выделил Мексике 205 млн долларов на борьбу со свиным гриппом. У правительства Мексики "достаточно ресурсов для того, чтобы контролировать ситуацию в связи со свиным гриппом", заявлял в Вашингтоне министр финансов Мексики Агустин Карстенс, возглавляющий Комитет по развитию Всемирного банка и Международного валютного фонда.

Президент Мексики Фелипе Кальдерон призвал сограждан действовать быстро, но не терять при этом спокойствия. Болезнь, вызванная мутировавшим вирусом, хорошо поддается лечению известными лекарствами, и Мексика располагает ими в достаточном количестве, подчеркивал глава государства.

Свиной грипп - высокозаразное острое респираторное заболевание, открыто в 1931 году американским ученым Ричардом Шоупом. По официальной классификации, он относится к типу А - наиболее распространенному типу гриппа, вызывающему наиболее масштабные эпидемии. Самый распространенный подтип свиного гриппа - H1N1, реже встречаются подтипы H1N2, H3N1 и H3N2. Распространяется воздушно-капельным путем. Симптомы - высокая температура, жар, лихорадка.

Смертность от болезни у животных низка и обычно не превышает 4% от числа заболевших особей. Ряд ученых указывали на возможность мутации данного вируса с его "адаптацией" к человеческому организму, что может грозить возникновением эпидемии планетарного масштаба – пандемии, пишет "Коммерсант".

LIVEJOURNAL

Сергей Стиллавин

Свиной грипп: геноцид от коммерческой науки

Live Journal, 28 апреля 2009, 07:41 am
https://stillavin.livejournal.com/191854.html?cut_expand=1&page=5

Уже все уши прожужжали про новую гадость – «свиной грипп из Мексики»: руководство повыше отдаёт команды не допустить её в Россию, начальство пониже боязливо отчитывается, что жертв не избежать и у нас. Обсуждать тут было бы нечего, если бы не получил письмо от[info]vladmradio:

«…Добрый день, коллега. Не знаю, входит ли данная тема в круг интересных для Вас, но ввиду последних вирусных мировых событий, возможно, что материалы, о которых я напомню, сегодня достойны внимания. Прошу прощения, если зря отнял время.

В начале марта публицист Сергей Дибров выступил с материалом "Америка заметает следы!"
Коротко: Компания Бакстер была замечена в подозрительных экспериментах по скрещиванию штаммов вируса гриппа человеческого и животного происхождения, что может быть особо опасно в общегуманитарных масштабах. Экспериментальные образцы были разосланы в партнёрские лаборатории восемнадцати стран, причём, без каких-либо необходимых в таких случаях примечаний. На момент выявления данного факта образцы были изъяты, а лабораторные сотрудники получили жёсткий карантин и были привиты противовирусными препаратами. В европейской либеральной прессе шума не получилось – сообщения на эту тему стали попросту изымать.

Теперь мы наблюдаем некий "свиной" грипп и компанию Бакстер, которая героически с ним борется на переднем крае вирусной войны - в Мексике. Не хочется фантазировать на тему разработки бактериологического оружия. Просто, всё это очень похоже на ещё один способ хорошо заработать на искусственно созданной болезни. Филиалы компании Бакстер представлены на территории России и Украины - вот, именно это и вызывает тревогу…»

Поскольку появились сообщения о гибели людей в европейских странах, нам осталось ждать всего несколько дней, когда смерть примется косить и наши ряды. Об опытах коммерческих учёных, которые обслуживают не Науку и Человечество, а интересы конкретных корпораций, снято множество фильмов в тех же Штатах, и, можно сказать, население тщательно приготовили к раскрытию «страшной тайны», если секреты придадут огласке. Штамм вырвался из пробирки, и тайну пока что успешно заминают, но сценарий по её раскрытию уже, конечно, готов: придумают басню про зарвавшегося завлаба, который, подобно московскому майору, повздорил с женой и решил насолить всем людишкам, оставшимся равнодушными к его личной трагедии. Ну или типа того. Понятно, что завлаба найдут уже объеденным червями или язвами – в качестве справедливого возмездия.

А если серьёзно, то, например, версии о появлении того же ВИЧ аналогично восходят к американским медицинским опытам: тренировались на обезьянах – может, хотели сделать такую фигню, которая торкала бы исключительно любителей коммунизма (как версия), а фигня оказалась всеядной и быстренько побежала колошматить обычных граждан, начав, понятно дело, с «продвинутых» – с гомосексуалистов.

Вопрос стоит много шире, нежели просто очередной смертельный вирус – вопрос стоит о том, чтобы запретить коммерческим лабораториям заниматься исследованиями в тех областях, которые касаются искусственного создания болезней. Ведь что сделали в упомянутой конторе: там болезнь человека соединили с болезнью свиньи, и таким образом только свиные, грубо говоря, антибиотики на неё не действуют – равно как и только человеческие. Получился универсальный убийца, справятся с которым нескоро, потому что автор никогда открыто не скажет, что он и создал эту мерзость.

Фактически речь идёт о том, что фармацевтические гиганты могут создавать новый виток глобальной «наркомании»: чтобы вы купили таблетки или ампулы с обычной наркотой, в вашем окружении должен нарисоваться дилер, а в вашей жизни – наступить «чёрная полоса». Обычный дилер может подождать такого стечения обстоятельств, а вот корпорации – нет: им нужен тот, кому жизненно необходимы «наркотики» прямо сейчас! Идеальный вариант – сделать человека зависимым при помощи вируса, болезни, которая уничтожается тем эксклюзивным, запатентованным средством, что есть только у этой корпорации. Конечно, для создания ажиотажа в аптеках нескольким тысячам придётся сдохнуть, но разве велика эта цена за миллионные партии лекарства от искусственной болезни?!

Удивляться такому цинизму уже не приходится – жизнь ничего не стоит, потому что у типового потребителя она и смысла особого не имеет. Если ты живёшь для того, чтобы работать, а работаешь, чтобы жить, то смешна цена такому прозябанию. Впрочем, и у таких животных есть право на жизнь: власти обязаны серьёзно разобраться с коммерческим научным миром и с коммерческими лабораториями, чтобы отобрать у них саму возможность креативить новую заразу.

Конечно, если только коммерческие лаборатории не являются просто неким «научным оффшором», местом, свободным для любых опытов, где спецслужбы занимаются антигуманными исследованиями, прикрываясь брендом. Этакие доктора Менгеле 21-го века. Думаю, как вариант – вполне жизнеспособная версия.

amic

Вспышка свиного гриппа может превратиться в глобальную эпидемию

Amic, 28 апреля 2009, 08:58
https://www.amic.ru/news/proisshestviya/vspyshka-svinogo-grippa-mozhet-prevratitsya-v-globalnuyu-epidemiyu

Вспышка свиного гриппа может превратиться в глобальную эпидемию: Дмитрий Медведев поручил руководителям российских регионов оперативно принять меры по предотвращению распространения на территории страны свиного гриппа. Об этом сообщается на официальном сайте Президента РФ.

Между тем, известно, что термодатчик в аэропорту "Шереметьево" зафиксировал повышенную температуру у 29-летней пассажирки, прилетевший в московский аэропорт рейсом из Мехико с пересадкой в Париже. Накануне вечером, 27 апреля, она была госпитализирована в одну из московских инфекционных больниц, - подробности сообщает программа "Вести".

Больной поставлен предварительный диагноз: острое респираторное заболевание. Как уточнил собеседник ИА "Интерфакс", "оснований для паники никаких нет, скорее всего, это обычное ОРЗ", поэтому все остальные пассажиры данного авиарейса были отпущены по домам. "Госпитализированной девушке к утру будут сделаны все анализы, после этого можно будет сделать выводы об окончательном диагнозе", - отметили в Роспотребнадзоре.

Также известно, что два человека с подозрением на свиной грипп госпитализированы в Праге, - об этом сообщает чешское информагентство ЧТК.

Как уже сообщало ИА "Амител", выявленный в Мексике и США вирус H1N1 назвали "Калифорния 04/2009". Вспышка свиного гриппа, возможно, уже унесла жизни 149 человек в Мексике, сообщил министр здравоохранения этой страны Хосе Анхель Кордова. Он пояснил, что речь идет лишь о предварительной оценке: в подавляющем большинстве случаев причины смерти точно еще не определены.

"Что касается возможности заноса, то, к счастью, пока наша страна не имеет тесных туристических, экономических, деловых связей, как, например, с Турцией или Египтом. Это, конечно, нас оберегает", - сказал Онищенко в интервью "Вестям". По его словам, на руку и то, что нет прямого авиасообщения между российскими и мексиканскими аэропортами.

"Зато у нас очень тесные связи с Соединенными Штатами Америки", -заявил Онищенко, отметив, что, по официальной информации, американские власти контролируют ситуацию. Главный санитарный врач России напомнил, что дал распоряжение обследовать пассажиров всех самолетов, прилетающих в Россию из Северной и Южной Америки.

Между тем, чрезвычайный комитет Всемирной организации здравоохранения (ВОЗ) распространил накануне заявление, в котором говорится, что степень угрозы пандемии свиного гриппа может быть повышена до 4-го или 5-го уровня, поскольку признаков замедления распространения инфекции пока не наблюдается.

Как отметили представители властей Мексики, до объявления полномасштабной пандемии осталось 2 уровня. Они уточнили, что вирус начал передаваться от человека к человеку, - сообщает Associated Press.

Министерство здравоохранения США рекомендует для лечения и профилактики инфекции, содержащей вирусы свиного гриппа, применять лекарственные средства Занамивир и Озельтамивир, указывая на чувствительность к ним вируса A H1N1, - об этом сообщает РИА "Новости" со ссылкой на сайт Департамента здравоохранения Нью-Йорка, где врачи подтвердили восемь случаев заболевания свиным гриппом.

Президент РФ также дал поручение полномочным представителям Президента в федеральных округах взять под личный контроль работу по предотвращению распространения заболевания на территории Российской Федерации.

LIVEJOURNAL

Теракт "Калифорния-04/2009"

Live Journal, 28 апреля 2009, 6:31 PM
https://malchish-org.livejournal.com/64998.html

Вирусный теракт?

ВОЗ объявила чрезвычайную ситуацию мирового масштаба из-за вспышки "свиного гриппа" в Мексике. Последний раз подобное происходило в 2003 году из-за угрозы атипичной пневмонии.

В Мексике, где по официальным данным на 27 апреля от "свиного гриппа" погибли уже 103 человека, а более 1,6 тысяч человек являются носителями вируса, эпидемия может перерасти в пандемию. Если принять во внимание данные официальных властей, оглашаемые ежедневно, то в Мексике "свиного гриппа" за сутки умирает около 20 и заражается более 200 человек. Вот почему по темпам заражения, стремительности распространения очага заболевания эпидемия "свиного гриппа" напомнила врачам свой аналог, знаменитую "испанку", которая в начале 20-го века унесла жизни более 20 миллионов человек в Европе.

Последний момент не удивляет - новый вирус имеет тот же тип, что и знаменитая "испанка" - A/H1N1, который по мнению учёных представляет собой "адскую смесь" из генетического материала вирусов гриппа свиней, птиц и человека. Как это вообще стало известно? Как современные медики определили тип вируса "испанки", эпидемия которой закончилась в 1920 году? В 1997 году американские учёные эксгумировали тело одной из погибших от «испанки», сохранившееся в вечной мерзлоте штата Аляска, извлекли образцы тканей заражённых лёгких и восстановили код вируса. Исследователи пришли к выводу, что штамм, вызвавший пандемию в 1918 году, впервые появился у птиц, но в результате мутаций стал смертелен и для людей, приобретя к тому же способность передаваться от человека к человеку. Таким образом можно сказать, что к нам вернулась смертоносная "испанка". Может быть только с небольшими изменениями. Именно поэтому опасения ВОЗ можно считать полностью оправданными – тогда, в 1918 году этим вирусом переболело около 500 млн человек, каждый пятый житель планеты. И по некоторым оценкам каждый десятый из заболевших (то есть 50 млн человек) умер.

В этой информации не было бы ничего удивительного, если бы не одно совпадение. В 1997 году американские учёные из секретной лаборатории US Centre for Disease Control откапывают тело умершей от "испанки", в августе 2005 года полностью восстанавливают вирус и проводят над ним опыты, а уже в апреле 2009 году этот вирус начинает свой новый сбор "урожая" в Мексике. Видимо опыты над вирусом успешно завершились? Такая возникает мысль.

Информация по этому поводу подтверждается и из другого источника, который утверждает, что в опытах участвовала и некая канадская лаборатория. Там опыты проводились на макаках. Первые симптомы заболевания возникли уже в течение первых суток после инфицирования, а *следующее разрушение лёгочных тканей было так масштабным, что если бы обезьян через несколько дней не усыпили, они практически захлебнулись бы в собственной своей крови*. Животных убивал не сам вирус, а иммунная система организма, наносящая вред повреждённым тканям. Вирус умеет отключать ген RIG-1, регулирующий ответ иммунной системы на инфекцию, в итоге организм убивает сам себя. *"Эта способность влиять на иммунную реакцию организма не уникальна: ею владеют и последний по времени кандидат на мутацию в потенциально пандемический штамм, вирус птичьего гриппа H5N1"*.

Вызывает интерес реакция научного сообщества на восстановление смертельного вируса:
=> https://web.archive.org/web/20090503234723/http://www.5fc.ru/?p=506

***Ёсихиро Кавaока**, руководивший анализом в институте Висконсина произнёс: "То, что мы смотрим при заражении обезьян вирусом 1918 года, - это фактически то же самое, что мы смотрим с вирусом H5N1. Определённые процессы могут происходить на ранней стадии заражения, но мы, возможно, сумеем вмешаться и прекратить эту реакцию".*

*Доктор **Рональд Катлер**, спец по инфекционным заболеваниям из института восточного Лондона, ведает: "Зная, каким образом происходит эта чрезмерная стимуляция, мы можем далее продвинуться на пути сотворения новейших способов исцеления этих болезней и таковым образом лучше приготовиться к вероятным пандемиям".*

*Доктор **Джим Робертсон** из английского Государственного института биостандартов и контроля также считает, что решение воссоздать ужасный вирус было полностью оправдано: "Почти Все вирусологи, изучающие грипп, нервничают по поводу сотворения и проведения экспериментов с реконструированным вирусом "испанки" 1918 года, очень опасным вирусом, который давно исчез с лица земли. Но нельзя отрицать, что информация, приобретённая в ходе этого опыта, очень увлекательна и представляет собой важную веху в понимании смертоносности этих очень патогенных типов вирусов инфлюэнцы".*

В копилку анализируемых фактов можно, наверное, внести и статью из АИФ, где некий "политтехнолог" Сергей Маркелов берёт интервью у анонимного эксперта, "побывавшего в секретных лабораториях Латинской Америки". Совершенно очевидно, что данное интервью политтехнолог высосал из собственного пальца, но... Высасывал он это достаточно вдумчиво. Всё-таки "политтехнолог". Все детали про деревянные избы на пятиметровых сваях с современным биологическим оборудованием можно выкинуть и забыть. Очевидная чушь. Даже не стоит её разбирать. Однако в выдуманном интервью промелькнули две очень важных мысли.

Мысль первая:
"Может ли распространение информации о вирусе использоваться как отвлекающий от мирового кризиса фактор?
- С точки зрения информационной войны, безусловно. Сейчас идёт главный информационный поток, связанный с кризисом, а также аналогичный по значимости контринформационный поток, связанный со свиным гриппом. Второй как бы перетягивает на себя внимание. Я могу допустить, что информационный повод разжигается, чтобы отойти от «жевания» темы кризиса."

Мысль вторая:
"Я бы всё-таки посмотрел на эту историю с пандемией с точки зрения репетиций других, более конструктивных мер, отработки сценариев для борьбы с такими заболеваниями в планетарном масштабе. Это более полезно для всех, в том числе и для разработчиков биооружия."

Насчёт конструктивности и полезности пандемии смертельного гриппа можно, конечно, поспорить. Более сотни человек уже умерли как-то слишком уж "конструктивно". А вот насчёт "отработки сценариев" - да, вполне могу согласиться. Но более всего привлекает внимание первая мысль, связанная с темой кризиса.

Ещё четыре года назад я высказывал предположение о подобной связи теракта "911" с кризисом. По моим представлениям теракт тогда отодвинул кризис на семь лет. Отметить тут надо было следующее - теракт был направлен против собственного народа, но для сохранения финансовой и экономической системы страны. Сейчас, если предположить такой же смысл уже биологического теракта, он тоже должен быть направлен против самих американцев и тоже ради сохранения существующей системы. Если взглянуть на карту распространения вируса "свиного" гриппа, то заметим, что США практически находятся в клещах инфекции:

Почему предполагаемый теракт не нанесён сразу внутри страны? Очевидно из соображений конспирации – вирус должен придти извне, тогда не будет и мыслей о *внутренней* операции спецслужб. Кроме того, очевидно есть польза и от международного характера операции - проверяется реакция санитарных служб разных стран, реакция правительств и т.д. Ведь и сам теракт может служить репетицией большой биологической войны. Кризис чреват новой мировой войной, и его первым актом может быть биологическая война. Реальность её подтверждают и российский спецслужбы, запретившие в 2007 году вывоз за пределы страны медицинских биологических образцов человека - от волос до образцов крови. Предполагалось, что они могут быть использованы для создания биологического оружия против русских. "Грани" Березовского на счёт этого пытались посмеяться, но не слишком убедительно. Фактом является то, что ФСБ считает такую угрозу достаточно серьёзной. И у них есть свои специалисты, делающие подобные выводы.

Опасные пандемии в преддверии крупной войны могут замаскировать реальный теракт против будущего противника. При этом сами США после своей же "репетиции" внутри собственной страны будут обладать развитой системой мер биологической защиты. Включая наличие вакцины. Это вполне серьёзный аргумент в пользу версии "вирусного теракта". Ну а другие аргументы включают набор антикризисных последствий:

1. Отвлекается внимание СМИ и общественности от темы кризиса. Снижаются его "информационные" последствия. Биржевики меньше паникуют, население меньше экономит, бизнес меньше осторожничает. Тем самым кризис меньше влияет сам на себя.

2. Многие последствия кризиса будут списаны за счёт последствия пандемии. Упал ВВП на 30%. "Это результат пандемии гриппа. Система тут не при чём. Она вполне эффективна."

3. Возможные гражданские волнения будут ликвидированы мерами "карантина". Выставят военное оцепление вокруг гудящих толп безработных Детройта. Прорвавшихся будут расстреливать под предлогом биологической безопасности. СМИ не будут допускаться к месту волнений. Опять же в целях карантина.

4. Погибшие в волнениях от рук военных будут списываться как умершие в результате пандемии гриппа. А кто докажет? Медицинскую экспертизу никто проводить не позволит!

5. Кризис образует множество "ненужных экономике" людей. Социально опасная ситуация. Если убить этих людей гриппом, то социального взрыва может и не случиться. Такой социальный геноцид может послужить для стабильности системы. И я не капли не сомневаюсь, что власти США могут на такое пойти. Теория "золотого миллиарда" имеет и обратный отсчёт.

Текст, который вы прочитали, не имеет характер абсолютно достоверной информации. Это гипотеза. Её верность могут доказать только ближайшие события. Если гипотеза верна, то скоро мы будем наблюдать вспышки инфекции внутри США. Чтобы теракт произвёл эффект должны умереть миллионы американцев. В ближайшие полгода. Следим за событиями.

CDC Web Archive

Richard Besser

CDC Briefing on Public Health Investigation of Human Cases of Swine Influenza

CDC, 28 April 2009, 2:30 p.m. EST
https://www.cdc.gov/media/transcripts/2009/t090428.htm
https://web.archive.org/web/20090429191748/https://www.cdc.gov/media/transcripts/2009/t090428.htm

Glen: Before I start, I wanted to call the media's attention to three new e-mail addresses that we have brought online today to help us manage, as you can imagine, a relatively high volume of media requests. And so we have tried to structure this. And again, we've never done this before, so it's going to be a learning experience for us as well. We're hopeful this will help us help serve your needs as well. So we have established three new media websites. Or e-mail addresses. The first one is mediaswineflu@cdc.gov. If you work or for print media, we encourage that one. If you work in radio, use radioswineflu@cdc.gov. Television, use tvswineflu@cdc.gov. We have people assigned to each of those different e-mail boxes. That's how we were trying to manage this from a media relations perspective. This afternoon it will be led by the acting director of disease control and prevention. I will turn it over to Dr. Besser.

Richard Besser: Thanks very much, Glen. Thank you for being with me today for this update on the swine flu outbreak. As I've been saying over the past couple days, this is a situation that is rapidly changing. We continue to respond aggressively based on what we know and trying to stay ahead of the outbreak. Our goal remains to minimize the impact of the outbreak on people's health. So where are we today? I wanted to start with the case update. This is on our website. There are 64 confirmed cases in the United States in five states. 45 in New York, one in Ohio, two in Kansas, six in Texas and ten in California. As I've been saying, numbers when it comes to an outbreak like this will change. And through the day you'll hear different numbers or newer numbers from states. We will continue to update our numbers once a day for consistency. But you will find with that that some of our numbers may lag behind what you're hearing from a particular state. If you want information about cases in a particular state, the best place to turn for that information is to that state because they're on the ground. They're the ones who are working to investigate and implement control measures. There are five – there have now been five hospitalized cases. As I've been saying, as we continue to look for cases, as this flu virus infects individuals, we will be seeing a broader spectrum of disease.

What we see in the United States, or have been seeing so far, has been milder, has been less severe than what has been reported out of Mexico. And as we continue to look, we will continue to monitor that. So there are five hospitalized cases, three in California and two in Texas. The median age is 16 years to 64 years. We expect to see more cases and will continue to report on those. As we move forward, we may start to move away from specific case numbers and more on to describing states and clusters. The incubation period in the United States appears to be about two to seven days, which is typical for what you see with an influenza virus.

I want to take a moment and put this into context with seasonal flu. Many of you are well schooled in influenza and have been covering seasonal flu. But what we see with seasonal flu is that it can be unpredictable. On average, in the United States, each year from seasonal flu, we see approximately 36,000 deaths. And so influenza is a severe infection. It affects different people differently based on their own immunity, their ability to fight infection and factors around the virus. Preventive measures,

as we've been talking about, can help reduce spread and help protect individuals from getting the infection.

Yesterday I talked about the World Health Organization changing the phase from three to four. And I talked about what that means. And from our perspective here in the United States, it has very little meaning. What we do means a lot more than what it is called. And what we're doing is being very aggressive, looking at what's going on at the community level and adjusting and adapting our guidance and our actions based on what's taking place on the ground.

Let me review some of the many actions that CDC is involved in around the country. We continue to work with state and local health departments. We have teams on the ground in Texas and in California. We continue to work with the World Health Organization, the Pan-American health organization, Canada and Mexico. Yesterday we issued a travel advisory to Mexico. That is recommending that nonessential travel to Mexico be postponed. For individuals who must travel to Mexico, we posted guidance on things individuals can do to reduce their risk of infection while they are there. We have posted new treatment guidelines. These were developed in conjunction with the infectious diseases society of America and the advisory committee on immunization practices. Those groups have provided us with excellent guidance for treating individuals who have swine flu. It's important to remember with the guidance documents, because there are a lot on the web, there's more than a dozen guidance documents that we have put up on the web, and we continue to generate more guidance, guidance is interim. We change our guidance as we have more information. And we're going to continue to do so. That's very important. As we learn something, as it could impact on what public health is doing in the community or what individuals can do, we're going to change the guidance so that people have the most current information right away.

We continue to deploy material from the strategic national stockpile. And I talked about this yesterday. It includes antiviral drugs. It includes gowns and masks and things that could be used in hospitals to take care of patients. And this is a forward-leaning step. There are certain states that have cases, and there are many -- most of the states have not yet reported cases. But every state has requested their portion of the strategic national stockpile, and we're in the process of delivering that. And why are we taking this action? We're doing so because with any new infectious disease, with any emerging infection, you really can't predict the course. And so this is to ensure that if these drugs are needed, states have them on hand, and they don't have to wait. There won't be a delay between the time that they need those drugs and request them and their delivery.

People are concerned, and we're concerned. And concern is a good thing. Concern is especially good if it drives planning and it drives action. And that's what we're encouraging people to do. At the personal level. People are concerned, and they say, what can we do to make ourselves safe? What can we do to protect our family? And there's a lot people can do. Simple things to prevent respiratory infection. Hand washing. We say it every day. People will get tired of hearing it because we are always going to say that. Hand washing, use of alcohol hand gels can reduce the spread of viruses. And if people take that step, that can reduce the risk that they're going to get an infection. Covering your cough. Not with your hand, but with your arm or your shoulder. That can reduce the likelihood that you are going to transmit a virus. And it's very important that people follow what we call home isolation practices. What that means is if you're sick, if you have a fever and you have flulike illness, stay home. Don't go to school. Don't send your children to school. Don't go to work. Stay home. So that you can get better, and you're going to be less likely to spread the infection to somebody else. We're asking in areas where there's confirmed cases -- if you are a confirmed case of swine flu, that not only you stay home, but that the rest of the family think about staying home as well. Not because they are sick or definitively know that they're sick, but because there's a chance that they could be brewing the infection. And by not spending as much time in the community, they, too, can help reduce the likelihood of transmission. We're going to see different actions taken in different communities. And people are going to question that and say, is that a good thing? It is a good thing. We expect and we hope that public health professionals are going to tailor their actions based on what's going on in their particular communities. We are in contact with communities that

have had cases. We are working with them and providing our recommendations. But what you're going to find is that the people on the ground in a community know that community best and are in the best position to help tailor the recommendations and the actions that are taken.

So in summary, as we move forward, I want to stress that the label of what we call this means a lot less than what we do. And we continue to be very aggressive. No single action that somebody takes, whether it be the government, a community, a family or an individual, will halt this. But the combined actions that we all take together will reduce the impact on our communities and on our health. It's a shared responsibility, the things that all of us can do, individuals, families, communities and government. And I want to thank all of you for covering this story and getting the message right. I see time and time again those messages of what people can do. Those are empowering. And at a time where there's a lot of uncertainty and a lot of concern, empowering people with those messages of what can you do is really an incredible public service. And so I want to thank you for that. And I want to stop now and take your questions. We'll start here in the room and then we'll take a couple here.

Hi, Doctor. **Fox News**. Can you report on the Los Angeles coroner's office is investigating two deaths to see if they might have been caused by swine flu?

Besser: That is not something I've heard. But as I continued to say, as this moves forward, I fully expect that we will see deaths from this infection. They're seeing many deaths in Mexico, and we're trying to learn more about that and why the situation in Mexico is different from here. And as we continue to investigate cases here, I expect that we will see deaths in this country. But I don't have any information on that situation.

Fox News: Okay. My second question is I see the state of Indiana is reporting that they have a confirmed case of swine flu which is not included in your total. Are you guys – how does that work? Are you coordinating with the states?

Besser: We are. And that kind of gets back to the numbers game that I was dealing with earlier. You know, it depends when that case was confirmed and reported. If it has been a confirmed case and it's been reported and it was after our deadline for our reporting, you'll see it on our site tomorrow. So I'd recommend that you go to Indiana on that.

Fox News: Are you involved in confirming?

Besser: Right now we're involved in confirming each case. But, you know, the good news is that test kits are coming to states so that confirmation will be able to take place at the state level. The FDA has been very proactive in forward moving in approving test kits for testing for swine flu. That's going to lead to more rapid confirmation. There's been a tremendous investment around the country in preparedness. And a large part of that was on the laboratory systems and state health departments. And so we're quite pleased that the state health department lab system is going to be able to serve that important function.

A.P.: Thanks. Mike from the A.P. Hi, Doctor. Can you tell me more about the five hospitalizations? Like how old were they? Did any of them have underlying conditions? Were there co-infections involved? Why were these people hospitalized? What do we know about that?

Besser: No, for that I'm going to need to steer you to the folks in California and Texas for information about individual cases. They're doing those investigations and can provide you with the most up-to-date information. I can't comment on that. I wouldn't want to misspeak. It is – you know, one of the critical parts of investigating a new outbreak is looking at cases in the spectrum of disease and trying to see if you can understand why some people have more of a severe course than others. And so there will be a lot of attention, and there is a lot of attention being made to hospitalized cases. But I don't have information on the specific cases that were occurring in those states. And they can provide that for you.

The Washington Post: Thank you, Cece Connolly from "The Washington Post." Can you tell us on if you have working hypotheses why the cases in Mexico have been so much severe. What do we know about either the sequencing there or the medical facilities or the underlying health of the population? Can you give us some of your working hypotheses?

Besser: You're hitting on them right there. And at this point we haven't been able to rule out or rule in any hypothesis. When you're looking at variation and impact of an infectious agent, you look at the host and see, okay, could there be host differences and why some people in Mexico are getting sicker than people here? You look at the pathogen, and you look at the virus itself and say, has the pathogen, has that virus changed as it's infected people in Mexico and is now infecting people here? And then you'll often look at the environment and the context in which the infection is occurring and seeing, has that had some modification on the impact? We're looking at all those things. So in terms of the host, you'll look at the immune status of individuals. You'll look at the age. You'll look at the gender and see if there's anything there that can shed some light. You look at the treatment practices and see is there a difference in either how these individuals self-treated when they had an infection, how long people took to seek care, and whether there was a longer delay to seeking treatment. What type of treatment was received when they came initially to the hospital? Was flu something they thought of? Did they quickly get an antiviral? Were there other treatments that were given alongside of that that could account for the differences? So those are some of the theories we're looking at. Looking at the virus and, you know, the idea that perhaps there's been a change in the virus would be a very comforting thing if we were able to find that to see that the virus was changing and becoming less virulent, less severe. Right now it's premature. We don't have any evidence of that, but that's one of the things that will be looked at. You'll look at the virus as it has - what's called serial transmission. So if someone has that infection, they pass it on to somebody else, and somebody else. If you get viruses along the way and can look at those, that can give you a sense as to whether -- as it moves from person to person, it's changing, becoming less severe, more severe, or no change at all. And that is all very important information in trying to help us predict the course and guide the interventions that are undertaken. Some questions from the phone.

(Glen) Thank you. Again, on the phone lines to ask a question, please press star one. As a reminder, due to the high interest in today's topic, please limit yourself to one question. Alice Park from "Time" Magazine, please go ahead.

Time: Yes, thank you for taking the call. My question is about the vaccine. Could you please update us on exactly where the process is? I think you mentioned you were preparing it. Has that been finalized? And secondly, can you address how things might be done differently in preparing a vaccine this time around than had been done in '76, the last time we tried to create a swine flu vaccine?

Besser: Thanks for that question. So when you think about a new strain of flu, one of the things that we look at is how is the best way to control for that right now, and how -- what is the best way moving into the future? Right now we don't have a vaccine that can treat this strain of flu. The seasonal flu vaccine is a great vaccine. But it doesn't protect against the strain of flu that was not circulating at that time. And at this point we don't see that there was protective value from that vaccine for this new strain. Moving forward, though, into the future, vaccine is something that we are looking at very intently. And as I said before, we're growing up that seed stock of virus so that if we decide to manufacture a vaccine, we are ready to do so. And that's moving forward. We're moving forward aggressively so that if a decision is made that we need to rev up production to make that vaccine, we would be ready to do so. And so there's active discussions going on about that. We're mapping out the decision points. And we are right in line in terms of the steps we're taking. It will be a matter of us deciding not to make a vaccine rather than deciding to move forward. What we're doing now is very proactive in terms of growing up the seed stocks for a vaccine. And so if there's a decision that, yes, we want to turn production towards making this, we'll be ready to move with that, and we'll implement that. Another question from the phone?

(Glen) Thank you. Elizabeth Weise, "USA Today," please go ahead.

USA Today: Thanks for taking my call. A quick follow-up on the vaccine production. Have you given some of that seed stock to vaccine companies at this point?

Besser: Let me get back to you tomorrow with more details on that. I think that the seed stock is still currently in our control. But I need to look and see more information on that. I know it's being grown up, but I can get back to you in terms of where we are with that stock. Question here in the room.

CBS news: Hi. Daniel Steinberger with CBS news. First question, school closings. Do you guys have numbers on that, and is that something you're looking at or guarding against, you're concerned about?

Besser: One of the recommendations we have on our website in terms of community mitigation, community control, is that if you have a case of swine flu in a school, that you dismiss the students until you have a better handle on transmission in that community and control efforts. I can't tell you how many schools have been closed. That's a fluid number. I can tell you that New York City undertook that with the cluster that they're dealing with, and in Texas with the cluster they were dealing with, they closed schools as well. I'm not aware of which other areas have closed schools.

CBS news: Also, you talk a lot about being concerned and acting aggressively and giving tips to people. At what point do you move beyond concern? What will it take for the CDC, for the World Health Organization, to move beyond concerned and be afraid or be, you know, very concerned or whatever word you would classify that?

Besser: I would say I'm very concerned. You know, we are – we are dealing with a new strain of influenza. We're dealing with a strain of influenza that appears to be moving through our community. We have this documented in five states. We're very concerned. And because of that, we're acting very aggressively. And as we learn more, and if we determine that there are other steps that we could take to help further control that, we're going to take those steps. With a new infectious agent, you don't sit back and wait and hope for the best. You take bold steps, and then you pull back if you need to. We are in a pre-pandemic period. And, you know, that gets to the what do you call this? And that isn't very relevant to us since we are an affected country. That terminology is much more relevant if you're seeing a cluster of infection somewhere else in the world, and you're wondering, is this something that's going to spread from country to country? When I first started out at CDC as an epidemic intelligence service officer, it was during the cholera pandemic back in the early '90s. And we were using the term "pandemic" very readily, and we were looking to see that that strain of bacteria was spreading from country to country. And it was a pandemic, but it wasn't in the United States. And so our approach at that point was there's a cholera pandemic going on. What can we do to control it at our border from coming in here? And I spent time on the border doing education around here's what you look for for this. This is a very different situation. And it's different because this virus is here in the United States. And so it changes our control strategies, and it changes our approach.

Fox 5 News: Hi, Beth Galvin with Fox 5 News. I was wondering worldwide, do we have an idea of the extent of this virus, and do we have a better idea of how it seems to be moving from person to person, not including people who were in Mexico, moving beyond that.

Besser: Right. You know, two questions. One, the global picture. I know that Canada is reporting cases. I'd refer you to the World Health Organization site to see which country, in particular, are reporting cases. But we're hearing through the media of confirmed reports, and we are getting information from World Health Organization. But again, I'd rather not comment on the data coming from another country. It does appear that more and more countries are reporting suspect cases. And as they do that testing, I would expect that we're going to see that this virus is in many different countries.

[*Inaudible*]

Besser: Right. What you do as part of a case investigation when you have a case of flu is you look for any signs of transmission within families or close contacts and circles. And the information that we're seeing from the states and locals who are doing that is that this appears to be acting like a normal flu virus which has a fairly high rate of transmission in families. So they're seeing people who have either colds or respiratory infections or flulike symptoms. But the only case in the United States where we have confirmed with virus, person-to-person transmission, was one situation in Kansas. But that's not reassuring in my mind. That's just a reflection of what testing has been done. I expect that we are seeing transmission within families, and that is consistent with why we put out the guidance we did about trying to limit transmission within a family to try and prevent that from going further in the community. More questions from the phone?

(Glen) Thank you. Maggie Fox, Reuters. Please go ahead.

Reuters: Hi, can you characterize how far back in the past we're looking at when the latest onset was? And has there been in blips in pulse net giving us an idea of increased respiratory disease?

Besser: Maggie, you're going to have to hit me with that once more. Are you looking for when was the first case?

Reuters: No, when's the last case. I'm trying to get a grip on how far back in the past. I don't think you guys have any indication of whether it's actively spreading still, right? These are past cases that are being investigated. When was the last onset of illness that you've got, and has there been any blip in the surveillance for new hospitalizations for respiratory disease?

Besser: Yeah, I'll need to get back to you with onset dates. You know, we are seeing active investigations going on in states that are not all retrospective investigations. What we're hearing about from state and locals is ongoing respiratory illness that is consistent with swine flu. And so it's very important that people understand the signs and symptoms of swine flu. And if they have those, if they have fever, if they have respiratory symptoms and muscle aches, some may have diarrhea or nausea, that they contact their doctors and be properly evaluated. In particular, if they're either connected to a group of other cases or if they've traveled to an affected area, in particular, Mexico. Another question from the phone?

(Glen) Thank you. Steven Smith, "Boston Globe." Please go ahead.

Boston Globe: Hi, Dr. Besser, thanks for taking the questions. A quick point regarding flu or flu vaccine against the swine flu. Are you thinking in terms when you talk about revving up production that this would be a vaccine specifically for this strain of H1 or N1, or would there be some way to combine protection against this strain in the seasonal flu that's already under production in the strains that were selected in February? And a second question. When you were talking about some of the major questions still hanging on transmissibility, virulence, can you describe how CDC is going about its hunt for answers to those questions, those in the United States and abroad?

Besser: Sure. Your first question had to do with vaccine and vaccine strategies. And there are a couple different approaches. One would be to look to see, can you add another strain of flu to the seasonal flu vaccine? And that's an attractive approach in that you would have one vaccine that is covering not just seasonal flu but this new strain that's circulating. If that's possible, that would be great. We do know, though, that seasonal flu vaccine production is moving forward. And we don't want to do anything that would delay production of vaccine for that season. But that is something under consideration. We're also looking at the production of what we would call a monoval, or single vaccine, against in particular strain. And that would not impact on the current production activity around seasonal flu, but at some point, we would need to rev up that production. And we're laying out those time lines to see when would we need to make that decision, get that into production to have it here for next flu season. There are a number of different courses that we could

see with this outbreak. As many have reported in some situations where there has been a pandemic, they've seen an early way that was not very -- was not very aggressive. You've seen that go away, and then the next flu season, they've seen it come back. And so that's something we are keeping in mind. And that will factor into our decisions as to whether to manufacture a vaccine for controlling this outbreak. Your question about studies, there are long lists of studies. And scientists around the country and around the globe are determining what are the most relevant and appropriate studies. There's an incredible amount of collaboration in terms of sharing of the strain of flu and sharing ideas around investigations. We are participating as part of a tri-national team, looking at disease, looking at transmission in Mexico. We're also very engaged with state and local public health here in defining what particular studies could we do, should we be doing in these early cases and early clusters to help inform our future decisions? You know, we'll be looking very closely to see how effective is school dismissal in halting transmission? Is that an effective strategy? Each of the things that we're doing, we're trying to evaluate as we go so that when other communities are faced with the same situation, they'll have more information on which to make their decision. Another question from the phone?

(Glen) Thank you. Yuki Noguchi, National Public Radio, please go ahead.

National Public Radio: Yeah, I wanted to ask you about the outreach efforts. It seems like the social media, your social media has really taken off. And I'm wondering what kind of response you're getting from that and what you're learning from that experience.

Besser: That's a great question, and I hope to be able to give you a little more on that tomorrow. Communication around this, this outbreak, is so important. It's important that people have information. They know where to turn for information. Our CDC website, www.cdc.gov/swineflu has current information on the outbreak. It has case counts. It has links to World Health Organization, all of our guidance information, information for the public. We have a Spanish language website. We are putting up and have put up podcasts so that that's another way to get information on this outbreak. But use of the blogosphere and the rest of the new media is also a very important part of communicating nowadays. And I want to get back to you tomorrow with more information on what we're doing in that domain.

WSB: Hi, Diana Davis from WSB here in Atlanta. Other than the signs and symptoms that you gave a few moments ago, is there any one thing at this early stage that stands out that can help either adults or parents of young children differentiate whether or not they need to see a physician? Fever? Onset? Degree of fever? Anything at this early stage?

Besser: One – one positive aspect in terms of timing is that we are – we are at the end stages of our seasonal flu period. If this outbreak had occurred in January or February, it would have been very difficult to detect because of all of the flu activity that's normally going on. And so to say to every single person who had flu, they should see their doctor, would mean that a lot of people who have seasonal flu would be flooding doctors' offices and other points of care. There isn't anything that we've identified that distinguishes this type of flu from seasonal flu. And so those signs and symptoms, in particular, in individuals who have traveled since we do have an association with the outbreak in Mexico, that can be helpful. But I wouldn't limit it to that because it's really a minority of cases to date that we've been able to identify that travel history. And that, again, is information that makes us think that this is traveling from person to person and not just everyone that's gone to a spot where this is taking place.Two more questions from the phone?

(Glen) Thank you. Rob Stein, "The Washington Post," please go ahead.

The Washington Post: Thank you for taking my question. Yesterday the WHO was talking about mitigation. I was wondering if you could explain a little bit about what's meant by that, and what exactly are you doing or would you do to mitigate the impact of this virus?

Besser: Thank you. When we look at global pandemic planning – and again, we're in pre-pandemic phase four – in global pandemic planning, the initial concept is if you could identify an outbreak in its first spot, where it was first kicking off, you could send in teams and try and quench it, try and contain it, try and knock it out. And that's been a lot of our strategy around avian influenza, with surveillance, trying to look and investigate every cluster that's been taking place around the globe. That is not a feasible strategy here. And it's not a feasible strategy because by the time this is identified, we're already seeing this in a very diffuse, very wide geographic area. We're hearing of cases from many different parts of Mexico. We have five states with confirmed cases here. And we're hearing of many countries around the globe that have suspect cases. And so the idea of containment, meaning keeping it to one little place, is not feasible. This is a virus that spreads easily, person to person. Influenza viruses, in general, again, we're learning more about this virus, but they spread easily from person to person. And in general, they can spread before a person is symptomatic. Again, here we need to look at the transmission with this particular virus. I wanted to give answers to two questions that I received earlier. The earliest onset date for a case here was March 28th. The latest onset date for a confirmed case in the United States is April 24th. But, again, there's ongoing work, and we don't have any evidence that there's not been transmission since April 24th. If we're looking at an incubation period of about two days, there's a lag time before cases will present. And then the question about vaccine feed, it has not gone to the manufacturers at this point.

(Glen) One more question.
(Glen) One more question from the phone, and then the last question here in the room.
(Glen) Thank you. Lauren Neergard of the Associated Press, please go ahead.

Associated Press: Yes, can I ask if you are abandoning the term "swine flu"?

Besser: You know, there's a lot of discussion around what to call this. In the public, we've been seeing a fair amount of misconception, that by calling it swine flu, there could be transmission from pork products. And that's not helpful. That's not helpful to pork producers. That's not helpful to people who eat pork. It's not helpful to people who are wondering, how can they get this infection? When they hear that term, some people think this is transmitted that way. And so we're discussing, is there a better way to describe this that would not lead to inappropriate actions on people's part? So I don't know what decision will be made on that. But any information you can share that this – when it's described as swine flu, that's the origin of the strain or one of the components of the strain. And not a reflection on how the disease is spread currently. Last question here in the room?

Associated Press: I understand that President Obama has requested $1.5 billion in emergency supplemental funding for swine flu. Do you know if that's all destined for CDC? Did you make that request up the food chain? Do you know what it's for?

Besser: I hadn't heard that, but whenever there's a public health emergency, there are requests in terms of emergency supplemental funding to support all the activities that are going on. And so each of the departments will look to see what activities are they undertaking? What will they need and put in requests. So I hadn't heard that. Thank you very much.

(Glen) Thank you. And this does conclude today's conference call. We thank you for your participation. You may now disconnect your lines.

The August Forecast

Patrick Wood and Dr. Russell Blaylock, MD

Pandemic Nonsense: Flying Pig Flu

Are globalist fear-mongers driving the media to panic the public into universal healthcare solutions?
Or federally-mandated vaccinations?

The August Forecast, 28 April 2009
https://web.archive.org/web/20090710180814/http://www.augustreview.com/news_commentary/general/pandemic_nonsense:_flying_pig_flu_20090428118/

By definition, a "pandemic" is an epidemic that is geographically widespread. Fear-mongers are always careful to add the innuendo that millions of people could and probably will die, as in the Spanish Flu pandemic of 1918 that killed between 20 and 100 million people worldwide.

Excuse me, but how does the death of even a few hundred equate to 20 million?

Mexico, not the usual Southeast Asia, is the origin of the latest flu outbreak. It has spread in limited numbers to several continents. Almost all of the deaths, limited as they are, are in Mexico. The ratio of deaths to infections is very small.

Again, how does this outbreak even remotely qualify as a pandemic?
Answer: It does not!

Scientists and virus researchers are baffled because the genetic makeup of the virus contains elements of human, swine and bird flu from three geographic regions: North America, Europe and Asia. Until now, this has been unknown in nature, but not theoretically impossible.

see: New flu combines pig, bird, human virus
https://web.archive.org/web/20090731105917/http://www.globalresearch.ca/index.php?context=va&aid=14550
see: Mexico Seeks to Stop Spread of Deadly Flu
https://web.archive.org/web/20090429114232/http://www.npr.org/templates/story/story.php?storyId=103459566

Because of its unique genetic makeup, this writer proposes calling it the "flying pig flu", or FPF, instead.

This writer is hardly qualified to write with authority about the scientific side of viruses. However, after reading several authoritative papers on swine and avian flu, several observations can be made.

In the world of virus experts, there are two types of researchers: *Observers* and *Experimenters*.

Observers

Most researchers are highly trained scientific observers. These "Sherlock Holmes" scientists examine the pathology of virus development. Where did it originate? What animals or human were involved? Did the infected humans handle animals? Are certain strains limited to geography? You get the idea.

Without good observers, we would know little about the source or spread of different viral strains.

There are several good Internet resources where the findings of research observers are published. (For instance, see H5N1 - Ultimate News on mutation)

We should be thankful for astute observers who can untangle mysteries that would otherwise not be understood.

Experimenters

A minority of researchers are experimenters. This group is worrisome.

Experimenters establish their playground in trying to create different types of viruses in order to measure their effect on test animals.

Such was the case at Baxter AG, when such an experiment was "accidentally" released as a live virus in a vaccine distributed to 18 countries. (See Baxter: Product contained live bird flu virus). In this case, the live H5N1 virus (avian flu) was combined with the much more contagious (human) H3N2 virus.

Experts say that it is almost impossible for Baxter to make such a grievous error by accident. Czech newspapers, where the story was originally broken, suggest it was a rogue employee or a mole that purposely mixed the virus' together, but nothing has been proven as yet. Baxter is now under great suspicion that it is attempting to foment a pandemic that would bring hundreds of millions of dollars in revenue to supply its normal H5N1 vaccine.

Another example is the Center for Disease Control in Atlanta, Georgia. In a 2004 report, CDC to mix avian, human flu viruses in pandemic study, it was noted that,

"*The Centers for Disease Control and Prevention (CDC) will soon launch experiments designed to combine the H5N1 virus and human flu viruses and then see how the resulting hybrids affect animals. The goal is to assess the chances that such a "reassortant" virus will emerge and how dangerous it might be."*

Critics worried that such a "franken-virus" could itself cause a pandemic if it escaped from its creators. The CDC's only response is that their facilities were more secure than others who had experienced breaches of some sort in years past.

Why would the CDC risk world exposure to an artificially created virus? According to the above report, it was done in the name of preparedness.

As mentioned above, experimenters are a worrisome lot. Real world experience indicates that they are generally overconfident in their scientific prowess and in their abilities to contain the unpredictable fruit of their experiments.

Conclusion

There are some big problems with the current outbreak of flying pig flu. If there has been foul play, it may never be brought to light. Still, tough questions need to be asked:

- While it is not unknown for pigs to become infected with the H5N1 virus, the result has *always* been a less-lethal and less-contagious virus than avian flu by itself. Why is this epidemic so obviously contagious?
- How would genetic code from three continents find its way into a single strain in Mexico City?
- Is this virus an escaped experiment from a project gone awry?
- If man-made and not accidentally released, then who released it, and why?

As we contemplate these questions, watch the stock prices of major pharma companies skyrocket as they gear up to sell billions in vaccines. Watch governments as they declare mandatory vaccination programs. Watch the Obama administration as it railroads universal healthcare through Congress.

Indeed, *flying pig flu* may be just the right name for whatever is responsible for this particular flu outbreak.

In the meantime, we can reopen this case when pigs fly or when 10 million or so people have died, whichever comes first.

Special Guest Opinion from Dr. Russell Blaylock

[Editor's note: My friend, Dr. Russell Blaylock, is a board certified neurosurgeon, author and lecturer. An expert on nutrition and vaccines, he is also editor of the widely distributed Blaylock Wellness Report. Dr. Blaylock graciously submitted the following comments for August Review readers. I highly recommend his newsletter] =>
https://infiniteunknown.net/2009/04/30/dr-russell-blaylock-on-1976-swine-flu-and-current-outbreak/#more-11674

I was in the military during the first swine flu scare in 1976.

At the time it became policy that all soldiers would be vaccinated for swine flu. As a medical officer I refused and almost faced a court martial, but the military didn't want the bad publicity. Despite the assurance by all the experts in virology, including Dr. Sabin, the epidemic never materialized.

What did materialize were 500 cases of Gullian-Barre paralysis, including 25 deaths – not due to the swine flu itself, but as a direct result of the vaccine. At the time President Gerald Ford, on advice from the CDC, called for vaccination of the entire population of the United States.

Today, some 33 years later, we are hearing the same cries of alarm from a similar lineup of virology experts.

The pharmaceutical companies are busy designing a vaccine for the swine flu in hope that this administration will make the vaccine mandatory before another vaccine-related disaster can ruin their party.

And as before, a number of equally qualified experts are calling for calm, based on a number of carefully conducted studies. To no one's surprise, they too are being ignored by the media and government planners.

According to science reports, this current strain of flu is H1N1. It can be forcibly inoculated into pigs, but it has been shown not to spread among the pig population. This means that the danger of a swine-based epidemic is small.

There are several strains of this flu virus however, including H1N1, H1N2, H3N1, H3N2 and H2N3. What the science has shown is that when the virus passes through the pig, it becomes less virulent – that is, it is less likely to cause serious disease in people. With each passage, it becomes even weaker.

Since this is not the answer that the pseudo-scientists wanted, they next announced that it is "possible" that the pigs could be infected with both the bird flu (strain H5N1) and the swine flu (strain H1N1), resulting in a mutant, highly virulent strain that could lead to a pandemic.

Note this is pure speculation and that no scientist has ever performed this trick. It is purely hypothetical – like global warming. CDC virologists claim that in the past they performed a similar virological trick, but they never published their results and thus have kept the data close to the vest.

In science, especially medical science, speculation is taboo. But, politicized scientists perform this bit of smoke and mirrors all the time.

So, you may ask, "What about all the people dying in Mexico?"

Overcrowding, poor nutrition and overall poor immunity, all of which are indigenous to Mexico, are a certain prescription for death from almost any infection. [Note that despite 46 cases of this very same flu in the United States there have been no deaths. This is because Americans, comparatively, have better nutrition and medical care.]

Like SARS and bird flu before it, this swine flu scare is a lot of nonsense.

Just take your high dose vitamin D3 (5000 IU a day), eat a healthy diet and take a few immune boosting supplements (such as beta-1, 3/1, 6 glucan) and you will not have to worry about this flu.

See also:
Russell Blaylock M.D. **Remembering the H1N1 Swine Flu Scam**
https://www.youtube.com/watch?v=DhvUvzQ-H28
https://www.bitchute.com/video/TqioUO8L6Jj7/

CNN Health

Dr. Sanjay Gupta
in La Gloria, Mexico

Earliest case of swine flu tucked away in Mexico, officials say

CNN, Health, 28 April 2009
https://edition.cnn.com/2009/HEALTH/04/28/swine.flu/index.html

Tucked away in this small mountain village, off a dusty road flanked by pig farms, is where the earliest case of swine flu – a virus spreading globally – was confirmed.

Meet the child known as "patient zero" by his doctors -- 5-year-old **Edgar Hernandez**, who survived the earliest documented case of swine flu in an outbreak that, officials say, has now spread across four continents.

His family lives in the 3,000-population village of La Gloria in the state of Veracruz, where a flu outbreak was reported on April 2. State officials arrived and took samples from dozens of people.

Lab tests confirmed that Edgar was the only patient in Veracruz to test positive for the swine flu virus; the others had contracted a common flu. Health officials had returned to Edgar's sample only after cases of the new flu strain were spotted around the country.

"In this case, there's a patient who turned out to be positive for the swine-flu virus, with the exception that at that time in no region of the world it had been established as an etiological, epidemic cause," said Mexico Health Secretary Jose Angel Cordova.

Edgar has managed to bounce back from his symptoms and playfully credits ice cream for helping him feel better.

His mother blamed the virus on a huge pig farm in the neighborhood. Officials have conducted tests at the farm owned by U.S. company Smithfield Foods, and those tests came back negative.

Meanwhile, Mexican health officials suspect the swine flu outbreak has caused more than 159 deaths and roughly 2,500 illnesses.

The World Health Organization says at least 105 cases have been confirmed worldwide, including 64 in the United States; 26 in Mexico; six in Canada; three in New Zealand; and two each in Spain, the United Kingdom and Israel. WHO has confirmed deaths only in Mexico, where seven people have died from swine flu.

The deadly outbreak in Mexico prompted authorities to order about 35,000 public venues in Mexico City to close or serve only take-out meals as health officials tried to contain the virus.

Officials on Friday closed schools in the city and Monday extended that order nationwide until at least May 6.

"I'm pretty nervous of this whole virus thing," Berta Hernandez said as she touched up her eyeliner inside a packed and humid subway car in Mexico City. She did not dare lift her surgical mask to put on lip gloss.

"I'm nervous of the people who aren't wearing masks. Maybe they will suddenly sneeze or cough," she said.

Governments around the world scrambled to prevent further outbreak.

Some, like China and Russia, banned pork imports from the United States and Mexico, even though the World Health Organization said the disease "has not been shown to be transmissible to people through eating properly handled and prepared pork (pig meat) or other products derived from pigs." Several others, such as Japan and Indonesia, used thermographic devices to test the temperature of passengers arriving from Mexico.

The Philippines' health department urged people to avoid kissing and hugging in public. Argentina announced a five-day ban on flights from Mexico. Four cruise lines -- Holland America, Royal Caribbean, Norwegian and Princess -- canceled upcoming calls to Mexican ports.

President Obama said the outbreak is a cause for concern, not for alarm. The government urged travelers to avoid nonessential travel to Mexico.

The U.S. Food and Drug Administration issued emergency authorization for the use of two of the most common antiviral drugs, Tamiflu and Relenza. The authorization allows the distribution of the drugs by a broader range of health-care workers and loosens age limits for their use.

In Mexico City, however, there is a shortage of such medication. It also became impossible to find protective surgical masks, which the government had handed out to one out of every five residents.

Worried citizens continue to flood in night and day at hospitals, only to be turned around by armed guards.

"I was looking for a mask at my local pharmacy, but they sold out," supermarket worker Rafael Martinez said as he rode the subway. "I know it's a risk, but I can't find one."

Swine influenza, or flu, is a contagious respiratory disease that affects pigs.

When the flu spreads person-to-person, instead of from animals to humans, it can continue to mutate, making it harder to treat or fight, because people have no natural immunity.

Symptoms include fever, runny nose, sore throat, nausea, vomiting and diarrhea.

Common seasonal flu kills 250,000 to 500,000 people every year worldwide, far more than the current outbreak of swine flu.

But there is no vaccine for the new disease, and little natural immunity, an expert said.

"I think the reason to be concerned is ... we had a vaccine for regular flu," said Dr. Carlos del Rio of the Emory University School of Medicine in Atlanta, Georgia. "This is a totally new virus. ... You have a virus to which there's no pre-vaccination, there's no prior immunity. And, therefore, the mortality rate may be higher than other influenza viruses.

Researchers do not know how the virus is jumping relatively easily from person to person, or why it's affecting what should be society's healthiest demographic.

Meanwhile, Mexico's largest city saw the the government close universities, postpone sporting events and cancel church services in an effort to try to stem the spread of the virus.

"I don't think it's feasible or advisable to shut down the city," said Jose Luis Suarez, a newspaper vendor. "People would try and get out somehow, and that would make a bad situation worse."

The Telegraph

Swine flu: US considers changing name of virus

The Telegraph, 29 April 2009, 3:32 am
https://www.telegraph.co.uk/news/health/swine-flu/5240008/Swine-flu-US-considers-changing-name-of-virus.html

American officials have said they might abandon the term swine flu, because it is confusing people into thinking they could catch the deadly virus from pork.

"We're discussing, is there a better way to describe this that would not lead to inappropriate actions on people's part?" said Richard Besser, acting director of the Centre for Disease Control and Prevention. "In the public, we've been seeing a fair amount of misconception ... and that's not helpful."

CDC scientists discovered the strain of influenza, a mix of pig, human and bird viruses. While it is scientifically known as part of the Type A/H1N1 family of influenza, they shortened the name to swine flu.

Immediately, US officials rushed to assure people that it is impossible to get pig strains of influenza from food. But by last weekend, China, Russia and Ukraine were banning imports of pork from Mexico and certain US states, and other governments were increasing screening of pork imports.

Then came name complaints from abroad. Israeli officials suggested renaming it Mexican flu, saying the reference to pigs was offensive to Muslim and Jewish sensitivities over pork. While the biggest outbreak and most serious illness so far is in Mexico, scientists don't yet have proof that's where the new virus originated.

But what to call the novel swine flu now? Mr Besser said that the government hasn't decided yet. But a Department of Homeland Security notice suggested the boring scientific route: "The current influenza situation should be referred to as H1N1 Flu Outbreak."

For the pork purveyors and hog farmers who make up the nation's $15 billion pork industry, the flu's name has been a disaster. Hog prices are already dropping as financial markets worry people will have second thoughts about buying pork.

"It's killing our markets," said Francis Gilmore, 72, who runs a 600-hog operation in Perry, outside Des Moines, Iowa, and worries his small business could be ruined by the crisis. "Where they got the name, I just don't know."

Probable deaths from swine flu have climbed to 159 in Mexico.

CBS NEWS

Have Doctors Found Swine "Patient Zero?"

CBS News, 29 April 2009 / 7:05 AM / CBS
https://www.cbsnews.com/news/have-doctors-found-swine-patient-zero/

"Patient zero" - the first person to contract swine flu - may be a four-year-old boy in a small, rural town in the Mexican state of Veracruz.

Edgar Hernandez, officials say, tested positive for swine flu in early April, CBS News correspondent John Blackstone reported on The Early Show Wednesday. But, it's unclear if Hernandez is indeed the first case of the new flu spreading around the world.

For months, Blackstone said, residents of the mountain community had been complaining about pollution from a local pig farm, but it's not known if his virus originated from pigs.

"It's impossible to know whether this boy got infected from a pig, and whether this boy was the index case for this particular outbreak," said Dr. Jeffrey Kahn, a Yale University pediatric infectious disease specialist.

Hernandez has recovered, but the community is still on high alert.

Blackstone added that officials are investigating how swine flu could have spread from rural Veracruz, throughout Mexico, and around the world -- if Veracruz is really its starting point.

One factor may be increased travel across the Catholic country during the Easter holiday.

Another culprit may be widespread poverty. While officials urge frequent hand-washing, shortages have left some Mexico City neighborhoods with no running water.

Blackstone wondered whether that could be the reason that at least 159 people have died from swine flu in Mexico, but the virus seems much milder in the United States.

"Until we know how many people were infected in Mexico," Kahn said, "we will not be able to determine the case fatality rate due to this virus."

Over 1,300 people are currently being treated in Mexican hospitals for the virus.

NEWS

Olga R. Rodriguez

Patient zero? Mom of first confirmed case talks

NBC News, 29 April 2009, 9:11 AM +08
https://www.nbcnews.com/health/health-news/patient-zero-mom-first-confirmed-case-talks-flna1c9464375

Everyone told Maria del Carmen Hernandez that her kindergartner's illness was just a regular cold. But it seemed like the whole town of 3,000 was getting sick.

As early as February, neighbors all around her were coming down with unusually strong flu symptoms – and the caseload kept growing. When state health workers came to investigate March 23, some 1,300 people sought their medical help. About 450 were diagnosed with acute respiratory infections and sent home with antibiotics and surgical masks.

Five-year-old Edgar Hernandez was still healthy then. Hernandez wanted to keep him home from school so he wouldn't get sick, but her husband said, "We can't be afraid of what might or might not happen."

Then he came home with a fever and a headache so bad his eyes hurt. She took him to a clinic, and after a few days of antibiotics, he, too, recovered.

No one told Hernandez that her son had become Mexico's earliest confirmed case of swine flu until the Veracruz governor helicoptered in on Monday. But Edgar's case confirmed for residents what they already believed: Their hillside town is ground zero in the epidemic.

Local health officials and Federal Health Secretary Jose Angel Cordova downplay claims that the swine flu epidemic could have started in La Gloria, noting that of 35 mucous samples taken from respiratory patients there, only Edgar's came back positive.

'How will we ever know?'

Confirmation that the boy was infected with H1N1 – a strange new mix of pig, bird and human flu virus that has killed as many as 152 people in Mexico and now spread across the world – wasn't made until last week, when signs of the outbreak elsewhere prompted a second look at his sample.

Hernandez said doctors came from Jalapa, the state capital, and Veracruz city to see Edgar in the weeks after he was tested. But they said nothing, "they just wanted to see him." A team came again last weekend, after federal officials confirmed the swine flu cases late Thursday and started closing schools and canceling events in Mexico City.

Again, they left without saying anything, she said.

Cordova insists the rest of the community had suffered from H2N3, a common flu, based on other 34 samples. While Mexican authorities haven't determined how or where the swine flu outbreak began, Gov. Fidel Herrera said Tuesday that "there is not a single indicator" suggesting it started in La Gloria.

'This is what we had'

But Jose Luis Martinez, a 34-year-old resident of the town, made the swine flu connection the minute he heard a description of the symptoms on the news: fever, coughing, joint aches, severe headache and, in some cases, vomiting and diarrhea.

"When we saw it on the television, we said to ourselves, 'This is what we had,' " he said Monday. "It all came from here. ... The symptoms they are suffering are the same that we had here."

Two infants died of pneumonia during the La Gloria outbreak. They were buried without testing.

Granjas Carroll de Mexico, half-owned by Virginia-based Smithfield Foods, Inc., has 72 farms in the surrounding area. Smithfield spokeswoman Keira Ullrich said the company has found no clinical signs or symptoms of the presence of swine influenza in its herd or its employees working at its joint ventures anywhere in Mexico.

Animal health expert Peter Roeder, a consultant to the UN's Food and Agriculture Organization, said many possibilities exist for how the virus first jumped to humans, and that it could have happened months or even a year ago.

Roeder said it's possible someone tending the pigs could have passed a human influenza virus to a pig already infected with another type of swine flu, and then that pig could have also come into contact with a bird virus. Then, the new H1N1 virus formed could have been transmitted back to the workers.

But that's just a theory — and no one has any evidence that it happened in La Gloria.

But residents say they have been bothered for years by the fetid smell of the farms. Local health workers intervened in early April, sealing off the town of La Gloria and spraying to kill flies people said were swarming around their homes.

When Associated Press journalists on Monday entered a Granjas Carroll farm that has been the focus of community complaints, the cars were sprayed with water. Victor Ochoa, the general director, required the visitors to shower and don white overalls, rubber boots, goggles and masks and step through disinfectant before entering any of the 18 warehouses where 15,000 pigs are kept.

Ochoa showed the journalists a black plastic lid that covered a swimming pool-size cement container of pig feces to prevent exposure to the outside air.

"All of our pigs have been adequately vaccinated and they are all taken care of according to current sanitation rules," Ochoa said. "What happened in La Gloria was an unfortunate coincidence with a big and serious problem that is happening now with this new flu virus."

Mexican Agriculture Department inspectors found no sign of swine flu among pigs around the farm in Veracruz, and say that no infected pigs have been found yet anywhere in Mexico.

Martinez and Bertha Crisostomo, a liaison between the villagers and the municipal government of Perote to which La Gloria belongs, say half of the people from the town live and work in Mexico City most of the week, and could easily have spread the swine flu in the capital, where most of the swine flu cases have been confirmed.

Edgar, however, has never left the Perote valley. The family doesn't own pigs or work near them. Edgar's father, a bricklayer also named Edgar, only works in the area – not Mexico City.

'He's with the Virgin now'

Residents here are certain Edgar was not the only swine flu victim in their town.

Juan Rodriguez died of pneumonia Feb. 9 at age 7 months. His grandmother, Josefina Mendoza, 71, said doctors have come to interview the infant's parents.

Irene Bonilla, 23, said her 2-month-old boy, Yovanni Apolinar, died March 12. No one has interviewed her but reporters.

Neither family wants the children's bodies exhumed for testing.

"Why?" Mendoza said. "It's been months since he died. The child has made his peace with God. He's with the Virgin now."

World Health Organization

Swine influenza
Statement by WHO Director-General, Dr Margaret Chan

Geneva, WHO, 29 April 2009

https://web.archive.org/web/20090430234300/http://www.who.int/mediacentre/news/statements/2009/h1n1_20090429/en/index.html

Ladies and gentlemen,

Based on assessment of all available information, and following several expert consultations, I have decided to raise the current level of influenza pandemic alert from phase 4 to phase 5.

Influenza pandemics must be taken seriously precisely because of their capacity to spread rapidly to every country in the world. On the positive side, the world is better prepared for an influenza pandemic than at any time in history. Preparedness measures undertaken because of the threat from H5N1 avian influenza were an investment, and we are now benefitting from this investment.

For the first time in history, we can track the evolution of a pandemic in real-time. I thank countries who are making the results of their investigations publicly available. This helps us understand the disease. I am impressed by the work being done by affected countries as they deal with the current outbreaks. I also want to thank the governments of the USA and Canada for their support to WHO, and to Mexico.

Let me remind you. New diseases are, by definition, poorly understood. Influenza viruses are notorious for their rapid mutation and unpredictable behaviour.

WHO and health authorities in affected countries will not have all the answers immediately, but we will get them. WHO will be tracking the pandemic at the epidemiological, clinical, and virological levels. The results of these ongoing assessments will be issued as public health advice, and made publicly available.

All countries should immediately activate their pandemic preparedness plans. Countries should remain on high alert for unusual outbreaks of influenza-like illness and severe pneumonia. At this stage, effective and essential measures include heightened surveillance, early detection and treatment of cases, and infection control in all health facilities.

This change to a higher phase of alert is a signal to governments, to ministries of health and other ministries, to the pharmaceutical industry and the business community that certain actions should now be undertaken with increased urgency, and at an accelerated pace.

I have reached out to donor countries, to UNITAID, to the GAVI Alliance, the World Bank and others to mobilize resources. I have reached out to companies manufacturing antiviral drugs to assess capacity and all options for ramping up production. I have also reached out to influenza vaccine manufacturers that can contribute to the production of a pandemic vaccine. The biggest question, right now, is this: how severe will the pandemic be, especially now at the start?

It is possible that the full clinical spectrum of this disease goes from mild illness to severe disease. We need to continue to monitor the evolution of the situation to get the specific information and data we need to answer this question. From past experience, we also know that influenza may cause mild disease in affluent countries, but more severe disease, with higher mortality, in developing countries. No matter what the situation is, the international community should treat this as a window of opportunity to ramp up preparedness and response.

Above all, this is an opportunity for global solidarity as we look for responses and solutions that benefit all countries, all of humanity. After all, it really is all of humanity that is under threat during a pandemic.

As I have said, we do not have all the answers right now, but we will get them.

Thank you.

РИА НОВОСТИ

Подтверждено 49 случаев заболевания свиным гриппом в Мексике

РИА, 29 апреля 2009
https://ria.ru/20090429/169593383.html?ria=hqjv9iiojfdvepd672qau5k38avq8a6i

"После того, как утром в среду мы получили результаты лабораторных анализов, были дополнительно подтверждены 23 случая заболевания свиным гриппом", - говорится в заявлении министерства здравоохранения Мексики.

Москва, - РИА Новости. Количество официально подтвержденных случаев заболевания свиным гриппом в Мексике выросло на 23 человека - до 49 больных, сообщает агентство Франс Пресс со ссылкой на заявление Минздрава.

"После того, как утром в среду мы получили результаты лабораторных анализов, были дополнительно подтверждены 23 случая заболевания свиным гриппом", - говорится в заявлении министерства здравоохранения Мексики.

Согласно данным, обнародованным в среду Всемирной организацией здравоохранения (ВОЗ), в США зарегистрировано самое большое количество больных свиным гриппом - 64 человека. Власти США сообщают о 65 подтвержденных случаях заболевания. Один из этих больных, двухлетний мальчик, прибывший в США из Мексики, скончался в госпитале Хьюстона несмотря на интенсивное лечение

По данным ВОЗ, непосредственно в Мексике от свиного гриппа скончались семь человек.

В Европе подтверждены 13 случаев заболевания свиным гриппом - пять в Великобритании, три в Германии, четыре в Испании и один в Австрии. Трое заболевших свиным гриппом проживают в Новой Зеландии, двое - в Израиле.

Вирус H1N1 представляет значительную опасность в эпидемиологическом отношении, поскольку способен к быстрому генетическому изменению. У заболевших повышается температура, появляются кашель, насморк, головная и мышечная боль, в некоторых случаях отмечается рвота и диарея.

ВОЗ 27 апреля повысила уровень угрозы пандемии свиного гриппа с третьего до четвертого по шестибалльной шкале.

Михаил Супотницкий

Заметки на полях свиного гриппа

Supotnitskiy.ru, 29 апреля 2009
https://www.supotnitskiy.ru/stat/stat51.htm#zametki

Вот оперативная информация по вспышке (CDC):
21.04.09 => https://web.archive.org/web/20090426212017/http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5815a5.htm
28.04.09 => https://web.archive.org/web/20090428013920/http://www.cdc.gov/swineflu/
All dates => https://web.archive.org/web/20230000000000*/http://www.cdc.gov/swineflu/

Вирус не является производным от птичьего, человеческого и свиного - кошмара минувших выходных. - Цитата:

"The viruses are similar to each other, and the majority of their genes, including the hemagglutinin (HA) gene, are similar to those of swine influenza viruses that have circulated among U.S. pigs since approximately 1999; however, two genes coding for the neuraminidase (NA) and matrix (M) proteins are similar to corresponding genes of swine influenza viruses of the Eurasian lineage (1). This particular genetic combination of swine influenza virus segments has not been recognized previously among swine or human isolates in the United States, or elsewhere based on analyses of influenza genomic sequences available on GenBank. Viruses with this combination of genes are not known to be circulating among swine in the United States; however, no formal national surveillance system exists to determine what viruses are prevalent in the U.S. swine population."*

https://web.archive.org/web/20090426212017/http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5815a5.htm

Странные противоречия в подсчете количества жертв свиного гриппа в Мексике.

"По последним данным, 103 человека скончались от свиного гриппа в Мексике, 1614 госпитализированы с симптомами болезни"

https://www.newsru.com/world/27apr2009/flu.html

"В Мексике количество официально подтвержденных случаев заболевания свиным гриппом выросло на 23 человека до 49 больных".

https://ria.ru/20090429/169593383.html?ria=hqjv9iiojfdvepd672qau5k38avq8a6i

Откуда тогда взялись "по последним данным ...", которыми запугивали нас 26-27 апреля, обваливали биржи и т. п.?

Академик Львов 28.04.09 г. заявил, что "предвидел" все, что происходит сегодня с гриппом. Читаем его "предвидение": "По мнению ученого, при смешении вирусов гриппа птицы и человека может возникнуть новый опасный гибрид..." - https://regnum.ru/news/215451.html

И еще:

"По мнению Львова, пандемия гриппа скорее всего будет вызвана мутацией вируса так называемого "птичьего" гриппа (H3N2), сообщает ИТАР-ТАСС.

https://www.newsru.com/russia/28oct2004/pandemonia.html

"Существует стопроцентная гарантия, что вирус пандемического гриппа появится в мире не в этом, так в следующем или в ближайшие годы", - сказал Львов. "Как это бывало и в прошлом, из уже существующих вирусов гриппа обязательно генерируется новый, который и вызовет пандемию. Осталось полшага до пандемической катастрофы в мире", - добавил ученый.

Мне нравится, как "предвидели" гадальщики на бухарском базаре: "Один самаркандец предлагает мне восемнадцать кип шерсти. Будет ли выгодной для меня эта сделка? – спрашивал купец?

Гадальщик по торговым делам начал считать крысиные кости, раскидывать бобы, затем с видом сурового глубокомыслия отвечал: "Покупай, но следи, чтобы во время уплаты около тебя на сто локтей вокруг не было ни одного плешивца".

Л. Соловьев. "Повесть о Ходже Насреддине", 1954.

Вот еще один "предвидец", это уже рекордсмен по предвидениям: "Ничего нового в этом нет, утверждает академик Киселев. Все пандемии гриппа были пандемиями птичьего гриппа".

И он же своих героических усилиях: "С 1997 года мы имеем постоянные вспышки, но пандемии взрывного характера у нас пока нет, поэтому у нас есть время к ней подготовиться. Но то, что пандемия будет – это точно", – подчеркнул директор института."

https://www.newsru.com/russia/27dec2005/vakcina.html

И пример цинизма:"Ситуация с H5N1 (вирус гриппа птиц) неактуальна сегодня. Он другой уже, он уже не способен убить человека, не способен ввергаться в организм человека", сказал Дроздов на пресс-конференции в Новосибирске во вторник. По его словам, вирус изменился и мутировал"

https://www.km.ru/news/ptichij_gripp_bolshe_ne_opasen_d

С птичьим гриппом, все! Завязали по причине "мутирования" вируса. Взял и мутировал за пару дней! Кстати, мутировал он не один, а вместе с деньгами на вакцину.

Заметки на полях свиного гриппа

"Заметки на полях свиного гриппа 1" от 29.04.09 г https://www.supotnitskiy.ru/stat/stat51.htm#zametki

=> Пандемия «испанки» 1918-1920 гг. в контексте других гриппозных пандемий и «птичьего гриппа»

"Заметки на полях свиного гриппа 2" от 05.05.09 г https://malchish-org.livejournal.com/65892.html

"Заметки на полях свиного гриппа 3" от 05.08.09 г https://www.supotnitskiy.ru/stat/stat61.htm

"Заметки на полях свиного гриппа 4" от 24.09.09 г => Зачем разводят большое свинство вокруг свинного гриппа - https://www.supotnitskiy.ru/stat/stat63.htm

"Заметки на полях свиного гриппа 5" от 11.11.09 г https://www.supotnitskiy.ru/stat/stat69.htm

"Заметки на полях свиного гриппа 6" от 10.06.10 г => Как нас обманывали ужастиком свинной грипп - https://www.supotnitskiy.ru/stat/stat71.htm

LIVEJOURNAL

Теракт "Калифорния-04/2009" – II
Бизнес на пандемиях

Live Journal, 29 апреля 2009, 8:01 PM
https://malchish-org.livejournal.com/65303.html
http://malchish.org/index.php?option=com_content&task=view&id=279&Itemid=1

Вирус "свиного" гриппа получил официальное название – "Калифорния-04/2009". Очень говорящее название. В США зарегистрирован первый случай смерти от "свиного" гриппа - двухлетний ребёнок в Техасе. Зарегистрированных инфицированных пока 65. ВОЗ повышает уровень опасности пандемии с 4 до 5 по шестибальной системе. Это значит, что пандемия неминуема по мнению экспертов ВОЗ. "Пятая фаза пандемии характеризуется зарегистрированной передачей вируса от человека к человеку как минимум в двух странах одного региона".

Руководитель ВОЗ Маргарет Чен заявила, что вынуждена настаивать на том, чтобы правительства стран мира "готовились к худшему". Она рекомендовала фармацевтическим компаниям GlaxoSmithKline и Roche - производителям препаратов от свиного гриппа - наращивать их производство.

Тут к месту будет вспомнить, что совсем недавно, 27 марта этого года произошло слияние швейцарской Hoffmann-La Roche и американской Genentech. Ещё во время паники по поводу птичьего гриппа гигант фармацевтики концерн Roche неплохо заработал – именно он производит препарат Tamiflu, популярное средство от гриппа. Однако популярность эта была не слишком обоснована.

В 2007 FDA (комиссия по контролю за лекарствами и питательными веществами) была вынуждена начать расследовать шквал свидетельств о побочных действиях. Тошнота, рвота, диарея, головная боль, головокружение, усталость, кашель... Короче весь набор симптомов гриппа, от которых он якобы должен лечить. Более серьёзные побочные действия включают конвульсии, девиацию поведения, судороги и даже развитие энцефалита (32 случая). После 12 случаев смерти детей и подростков, в Японии запретили давать препарат детям. И это при том, что единственное, что обещает Тамифлю, это снизить продолжительность симптомов гриппа на 1 – 1 ½ дня. Средняя стоимость Тамифлю в РФ составляет 1600-1750 рублей за упаковку, в которой содержится 10 капсул. Крутой бизнес?

Теперь компании опять "подфартило". Новая эпидемия. Будет ли помогать Tamiflu от новой версии гриппа ещё неизвестно, но прибыли уже гарантированы. Компания отрекламирована самим главой ВОЗ! Не будем гадать насчёт того, были ли оплачены данные рекламные услуги, обратим внимание на другое - слияние Roche и Genentech произошло непосредственно перед новой вспышкой опасной инфекции. Причём слияние происходило в спешке и по упрощённой процедуре, в результате которой Genentech перешла в полную собственность группы компаний Roche. В связи с поглощением, по действующим правам оценки, все оставшиеся у акционеров акции должны выкупаться по цене $95,00 за акцию. Надо полагать, что сейчас эти акции подскочили бы в цене раза в два и Genentech обошлась бы покупателю гораздо дороже. Однако не будем в связи с таким совпадением делать поспешный вывод. Просто отметим пару этих фактов - рекламу Roche через ВОЗ и покупку американской Genentech перед самой вспышкой инфекции.

Кстати, штаб квартира Genentech находится в Южном Сан-Франциско, Калифорния. Это возможно объясняет то, что всю линейку штаммов гриппа за последние 10 лет назвали California, а нынешнему просто добавили префикс 04/2009. Совпадение? Компания, вообще говоря, занимается "разработкой, производством и продвижением препаратов для лечения заболеваний, представляющих наиболее серьёзную медицинскую проблему". Может и штамм гриппа она "разработала"? Или может модифицировала?

Подозрения о искусственном происхождении "Калифорнии-04/2009" уже высказал министр здравоохранения Индонезии Сайти Фадилах Супари (Siti Fadilah Supari).

=> https://web.archive.org/web/20090430111503/http://www.presstv.ir/detail.aspx?id=92794&sectionid=3510212

Неисповедимы пути бизнеса. Известно лишь, что вирус знаменитой "испанки" был восстановлен в 2005 году в секретной лаборатории США командой учёных под руководством Энн Рэйд и Джеффри Таубенбергера из Института патологии Вооружённых сил США в содружестве с коллегами из центров по контролю за инфекционными заболеваниями. За прошедшие 4 года его очевидно неплохо изучили и разработали вакцину. Сейчас врачи признают, что вирусы старой "испанки" и современного "свиного" гриппа принадлежат одному виду и одному подтипу A/H1N1, однако вряд ли кто-то рискнёт заявить, что "свиной" грипп и есть "испанка". С одной стороны это трудно проверить, а с другой - вирус и сам очень быстро мутирует. От старой "испанки" он уже должен отличаться хотя бы поэтому. Следовательно ждать заявлений, что сейчас свирепствует именно "испанка" не приходится. Даже если это именно так.

Но вернёмся к последним событиям. Обама запросил полтора миллиарда на борьбу с гриппом, а Арнольд Шварценеггер объявил в Калифорнии чрезвычайное положение в связи с гриппом.

Опять Калифорния! По странному стечению обстоятельств именно Калифорния находится сейчас в сложнейшей ситуации в связи с кризисом. Штат лидирует по числу безработных (10%) и дефициту бюджета среди других штатов. В феврале штат вместо живых денег начал расплачиваться по счетам долговыми расписками - нет денег и занять уже не может. С 10 сентября штат не смог организовать очередной выпуск облигаций... Не смог распродать. Этот штат - банкрот. С учётом того, что в конце июня штату предстоит погашение довольно приличной суммы ГКО (свыше 10 миллиардов), вероятность высока, что перезанять требуемую сумму не получится и дефолт штата случится уже летом, в июне-июле. Здесь не помогает даже очень высокий уровень налогов в штате - налоговая база в условиях кризиса снижается. Сейчас штат сокращает расходы на медицину и образование, останавливается 5600 инфраструктурных проектов. Это всё при том, что в ходе "ипотечного" кризиса более 200 тыс. семей были лишены своих домов (только в 4 квартале 2008 года - 75 тыс). В штате сейчас пустуют целые городки бывших должников. Усиление кризиса чревато социальным взрывом.

Всё это укладывается в рамки изложенной гипотезы о связи данной "эпидемии" с кризисом. Чрезвычайное положение очевидно поможет удерживать штат от гражданских выступлений. То есть удерживать власть в ситуации масштабного кризиса. К этому добавляется и некий коммерческий интерес фармацевтических гигантов. Связь политики с коммерческой выгодой всегда отличало западный бизнес. Но опять же это только начало. Следим, что будет дальше.

СТАВРОПОЛЬСКАЯ ПРАВДА

Ольга Неретина

Свиной грипп: очень опасно!

Ставропольская Правада, 29 апреля 2009.
https://stapravda.ru/20090429/svinoy_gripp_ochen_opasno_37289.html

Самое страшное в том, что вирус-мутант остро заразен и быстро распространяется. Больные с признаками свиного гриппа уже появились в пяти штатах США, в Канаде, Франции, Англии, Испании, даже в Новой Зеландии и Израиле.

Специалисты Всемирной организации здравоохранения (ВОЗ) считают, что свиной грипп может перейти в глобальную эпидемию, потому что он передается от человека к человеку. ВОЗ призвала все страны предпринять экстренные меры, чтобы предотвратить крупномасштабные заболевания взрослых и детей.

В Мексике уже объявлено чрезвычайное санитарное положение: закрыты школы, театры, музеи, рестораны, отменены все массовые зрелищные мероприятия, людям на улицах и в метро раздают марлевые повязки. Жителям советуют без острой необходимости не покидать свои дома, не посещать общественные места.

Спешные меры предосторожности принимаются и в соседних американских государствах: США, Канаде, Никарагуа, Гондурасе, Венесуэле и других. Усилен санитарный контроль также в аэропортах Японии, Евросоюза и России.

В нашей стране по распоряжению В. Путина создана специальная правительственная комиссия по предотвращению проникновения на территорию РФ свиного гриппа, которую возглавил первый вице-премьер В. Зубков. Россельхознадзор ввел запрет на импорт животноводческой продукции из Мексики, США и стран Карибского бассейна.

Главный государственный санитарный врач РФ Г. Онищенко заявил, что у нас пока нет случаев заболевания свиным гриппом, но его завоз не исключен. Он призвал россиян воздержаться от поездок в Мексику и США, а санитарные службы в аэропортах обязал внимательно осматривать всех пассажиров, прилетающих из Северной Америки, и в сомнительных случаях их временно изолировать.

Специалисты управления Роспотребнадзора по Ставропольскому краю сообщают, что свиной грипп передается воздушно-капельным и контактным путем. Инкубационный период продолжается 5-10 дней. Болезнь заявляет о себе головной болью, повышением температуры, кашлем, насморком, ангиной, иногда – рвотой и диареей. При первых признаках недомогания следует сразу обратиться к врачу.

В настоящее время в крае, как и в других регионах РФ, проводится комплекс мероприятий, направленных на предотвращение ввоза из неблагополучных стран высокопатогенного вируса и распространение его среди населения Ставрополья.

WHO calls new strain of H1N1 "Mexican flu"

Radio Netherlands, 29 April 2009, 17:32 UTC // 30 April 2009 06:48 UTC
https://web.archive.org/web/20090502101456/http://www.radionetherlands.nl/news/international/6280110/WHOs-call-new-strain-of-H1N1-Mexican-flu

The World Health Organization (WHO) has said that the most recent research on swine flu has shown that the virus is not caused by pigs. The disease is now being referred to as Mexican flu or "2009 H1N1 flu". The WHO has moved the pandemic alert from four to five, the second highest. The first case of what was called swine flu was reported in Mexico and its first fatality was confirmed there two weeks ago.

The 23-month-old infant who died in the US state of Texas, in the first fatal case from the swine flu outbreak in the United States, was also Mexican. The child came from Mexico to Houston for medical treatment, officials said.

In Europe, new cases of swine flu have been confirmed in five countries. Germany has officially reported three cases, Austria one and Croatia has confirmed some people are infected with the virus. Earlier, Great Britain and Spain had reported cases of swine flu but some new cases have since been officially diagnosed.

There are multiple cases in Mexico and the United States; diagnoses have also been made in Canada, Costa Rica, New Zealand, and Israel. All those found to be suffering from the virus have recently been to Mexico. After further testing, Mexico lowered the official number of those killed by the virus from 20 to seven.

France says it will ask the European Union to ban all flights to Mexico in an attempt to prevent the virus from spreading. Brussels say that the European Commission does not have the authority to implement such a ban. Transport Commissioner Antonie Tajani said the EU should wait for the outcome of the health ministers' meeting in Luxembourg on Thursday before taking action that "would create panic ... detrimental to the economy and tourism".

REUTERS

Andrew Quinn

Obama seeks $1.5 bln for swine flu as cases jump

Reuters, 29 April 2009
https://www.reuters.com/article/idUSN28350228

Washington, April 28 (Reuters) – President Barack Obama asked Congress on Tuesday for an additional $1.5 billion to fight swine flu as the confirmed caseload jumped to 65 people across six states in what doctors fear may become a pandemic.

Lawmakers convened an emergency hearing on Capitol Hill to assess the government's preparedness for a more severe outbreak.

"With a new infectious agent you don't sit back and wait and hope for the best. You take bold steps, and then you pull back if you need to," Dr. Richard Besser, acting director of the Centers for Disease Control and Prevention, told a news briefing.

The CDC total included 10 cases in California, 2 in Kansas, 45 in New York, one in Ohio and 6 in Texas. An additional case was reported by Indiana state authorities.

While the new flu strain has killed up to 149 people in Mexico, cases seen in the United States and elsewhere have been mild. CDC officials said only five U.S. cases have required hospitalization, but they have said they expect more serious cases – and possibly deaths – as surveillance expands.

California Gov. Arnold Schwarzenegger declared a state of emergency over the outbreak [nN28344841], enabling deployment of funds and personnel to fight the disease. Federal officials declared a national public health emergency on Sunday.

Worldwide, 79 cases have been confirmed in laboratories recognized by the World Health Organization.

Maximum Flexibility

Obama, in a letter to Congress, said the additional $1.5 billion would give the government "maximum flexibility" as it fights the disease, supplementing antiviral stockpiles, adding medical equipment and starting preparations for a vaccine.

As public health headlines gripped the country, senators prepared to approve the last of Obama's Cabinet nominees -- Kansas Gov. Kathleen Sebelius as Health and Human Services secretary.

While Republican critics had delayed confirming Sebelius because of her stance on abortion, Senate Democrats said they believed they had the 60 votes necessary to push her through.

On Capitol Hill, health officials told an emergency hearing the funding would be crucial if the flu virus spreads.

"In the face of these cutbacks and layoffs and vacancies, we don't even have the workforce we had two years ago," said Dr. Paul Jarris, executive director of the Association of State and Territorial Health Officials.

In California, Texas and New York City, authorities have ordered schools shut where students have tested positive for the swine flu virus.

In New York, most confirmed cases of infection were at a Queens private school where the virus has sickened at least 28 students. Officials had said earlier as many as 100 students might have been ill, but Mayor Michael Bloomberg said on Tuesday officials have stopped testing more people because the symptoms are mild, with only two people going to the hospital.

"This is following the pattern of normal, seasonal influenza," Bloomberg told reporters at City Hall. "So far, nothing about the spread of swine flu has surprised us."

There were few signs of panic across the country -- although sales of flu medication and items like face masks – were up in some places close to where cases have been confirmed.

"Everyone's a little leery of anyone coughing. Even though the news makes it seem really, really bad, it doesn't seem like it's actually that much of a concern," said Aaron Armelin, 33, a telecommunications technician in Los Angeles. [nN2832125]

U.S. stocks rose as traders shook off some of the more immediate flu fears that hit the market on Monday [nN28334784].

Despite advice that no pigs have been affected by the virus, Ecuador joined a long list of countries putting bans on imports of some U.S. pigs and pork products, further worrying pork producers.

BU Today

Chris Berdik

Discussing the Scary Word 'Pandemic': Public Health prof. David Ozonoff is keeping cool, but yes, he's worried

Boston University Today, 29 April 2009
https://www.bu.edu/articles/2009/discussing-the-scary-word-pandemic/

As swine flu continues to spread, the World Health Organization yesterday raised its alert level to Phase 4, indicating that "the likelihood of a pandemic has increased, but not that a pandemic is inevitable." Phase 6 would mean that a global pandemic is under way.

Cases of swine flu (the H1N1 virus) are now confirmed in seven nations, although nearly all of the fatalities (about 150 as of yesterday afternoon) have been in Mexico, where the outbreak began and 1,600 cases have been reported. Still, governments and public health agencies around the globe have been taking precautions. On Monday, the U.S. State Department issued a travel advisory discouraging all nonessential travel to and from Mexico. Authorities at airports and border crossings are pulling aside travelers who show flu symptoms, subjecting them to tests and in some cases quarantine. Some countries are even banning pork products from the United States and Canada (although the virus, despite its name, isn't spread by eating pork). Meanwhile, face masks and hand sanitizer have been flying off the shelves around the world.

This morning, two elementary school boys from Lowell, Massachusetts who had recently returned from a trip to Mexico were confirmed to have swine flu. They are the state's first confirmed cases. About 200,000 doses of antiviral medications are being shipped to the state from the national stockpile.

All schools and universities in Mexico have been closed, canceling classes for 13 Boston University students currently in the Guadalajara Engineering Program until at least May 6 (just before finals were scheduled to take place). The study-abroad program officially ends on May 21. Joseph Finkhouse, director of institutional relations for BU International Programs, says that while BU is not encouraging students in Mexico to leave early, the University is offering to help those who wish to do so with travel agent services and by "working with them to make sure they're not penalized academically."

Reached by e-mail yesterday afternoon, several students in the Guadalajara program said that they were hoping to leave by week's end. David McBride, director of Student Health Services, recommends that any students returning from Mexico not come to campus immediately, but "go directly home if at all possible" and remain there for a week to ensure that they are flu-free.

For insights into the swine flu scare, ***BU Today*** put some questions to epidemiologist David Ozonoff, a School of Public Health professor of environmental health. ...

***BU Today*: What is swine flu and is this the first time it's been transmitted from human to human?**

Ozonoff: Influenza is actually a group of viruses, and most infect animals. A few infect humans. Pigs get the flu and have for a long time. It has been true that there have been times when swine influenza has passed to human beings. In fact, the current strain, H1N1, was at one point thought to be the source of the 1918 pandemic. But more recent thinking is that it was likely the other way around – that we gave it to pigs in 1918, and that we likely got it from an avian source.

Pigs infected with H1N1 get sick, but it usually doesn't pass to humans. Every year, the CDC gets a report of one or two cases of people infected with swine flu, but in recent years it's been a

couple or three. And there have been instances – in 1976 and 1988 – when there was a small outbreak with human-to-human transmission, but it burned itself out after one generation. The current situation seems to be different. It's probable that several generations of this virus have been passed through human-to-human transmission, and it seems to be more easily transmissible.

Don't thousands of people die every year from "normal" flu? Why is swine flu more dangerous?

So far, it seems to look a lot like seasonal influenza. But the difference is that it's a type of flu to which humans have never, or very rarely, been exposed. We have a globe's worth of immunologically naïve people. So any flu virus for which there's basically no natural immune response is a recipe for a pandemic virus, which means a sustained human-to-human transmission happening in many places in the world. Now, "pandemic" is *a scary word, because it's applied to the 1918 flu*, but it's also applied to other things that aren't as deadly, like head lice. It really isn't a reflection of the severity of the disease, but that a lot of people are getting the disease in a lot of places at once.

How concerned should we be?

There are three broad possibilities. First, it could just burn itself out and go away and we'll never see it again. That's the best scenario. The other two scenarios are more likely. This could develop into a full-fledged pandemic, and we'd be off to the races. The third possibility has lots more uncertainty, but may be the most likely, and that is that we don't have too much flu around in the summertime in the northern hemisphere. We don't know where it goes really. But then it comes back again in late summer or early fall. That's sort of what happened in 1918. There was a relatively mild outbreak in the spring, and when it poked its head up again in August, it was a full-fledged monster.

There's an old saying about a lot of things: if you've seen one, you've seen them all. That's not true with influenza. This is an incredibly unpredictable, tricky virus.

Our surge capacity, the reserve of staffed beds in our inpatient facilities, is less than it was a few decades ago, because we've been trying to cut the cost of health care by eliminating unnecessary hospitalization. The system is much more brittle today. In the summer, Boston's city emergency rooms will be on diversion, meaning an ambulance will pull up and they'll divert it to another place because they're full. A bad flu overwhelms things; a pandemic would really be bad.

Why has the flu been so much more virulent in Mexico than in the United States and other countries?

The United States has done very aggressive and intensive case finding, including looking at people who haven't been seeking medical care or who weren't terribly ill. The Mexicans were looking only at seriously ill people in the hospital. So, the apparent difference in severity may be just that, apparent. As time goes on and there are more cases here and the Mexicans start looking at nonhospitalized people, we may find that the spectrum of illness is not very different.

How would you rate the response of global public health authorities to this outbreak?

I think the United States is doing quite well. Mexico did poorly. The WHO is tardy. But I think the pretty proactive and fairly aggressive stance that the CDC is taking is right.

What exactly is being done in the United States?

The federal government develops scientific information, sending a team to help Mexico collect data we need to figure out what's going on. You'll find all sorts of advice for ordinary people, for doctors, and for hospitals on the CDC Web site. It also has a strategic national stockpile of 50 million courses of antiviral medication. Over the weekend, 25 percent was released.

But most public health work in the United States is done at the state and local level. And we're going to hear a lot about suspect cases. Most of them are probably not swine flu. State and local authorities are also involved in thinking ahead and planning.

Are we prepared if things get worse?

...

The New York Times

Dense Grady

World Health Organization Raises Swine Flu Alert Level

The New York Times, 29 April 2009
https://web.archive.org/web/20090507003720/https://www.nytimes.com/2009/04/30/health/30flu.html
https://www.heraldtribune.com/story/news/2009/05/01/mexico-limits-many-activities-as-flu-alerts-are-increased/28709650007/

The global spread of swine flu, a pandemic, is highly likely, the World Health Organization said on Wednesday and raised its alert level to Phase 5, the next-to-highest level in the worldwide warning system.

Phase 5 had never been declared since the warning system was introduced in 2005 in response to the avian influenza crisis. Phase 6 means a pandemic is under way.

The health organization said its decision was based on the continuing spread of swine flu in the United States and Mexico, particularly the increasing numbers of unexplained cases among people not exposed to travelers or to institutions like schools or hospitals where many people have close contact with one another and high rates of transmission might be expected.

"All countries should immediately activate their pandemic preparedness plans," Dr. Margaret Chan, director general of the organization, said at a news conference in Geneva. "Countries should remain on high alert for unusual outbreaks of influenza-like illness and severe pneumonia."

The first death from swine flu in this country – of a 23-month-old child from Mexico who was being treated in Houston – was reported on Wednesday, along with more infections and hospitalizations.

The Centers for Disease Control and Prevention reported 91 confirmed cases from 10 states, up from 64 cases in 5 states on Tuesday.

Dr. Chan emphasized the need for calm, but at times spoke as if a pandemic had already begun, saying, for instance, "W.H.O. will be tracking the pandemic." She also emphasized that developing countries tended to have more severe flu epidemics than rich ones, and said her organization and others would need to make special efforts to help poorer nations.

She called for global solidarity, saying, "After all, it really is all of humanity that is under threat during a pandemic."

President Obama, terming the outbreak "cause for deep concern but not panic," took the unusual step of using a prime-time televised news conference, convened to mark his 100th day in office, to deliver a public health message to the American people.

"Wash your hands when you shake hands, cover your mouth when you cough," he said from the East Room of the White House. "It sounds trivial, but it makes a huge difference. If you are sick, stay home. If your child is sick, take them out of school. If you are feeling certain flu symptoms, don't get on an airplane."

With public health officials recommending that schools close if there are more confirmed or suspected cases, Mr. Obama urged parents and businesses to "think about contingency plans" in case of such closings.

He said he was calling on Congress to authorize an immediate $1.5 billion to "support our ability to monitor and track this virus" and to build the supply of antiviral drugs.

"The more recent illnesses and the reported death suggest that a pattern of more severe illness associated with this virus may be emerging in the U.S.," the C.D.C. said on its Web site. More hospitalizations and deaths are expected, the site said, because the virus is new and most people have no immunity to it.

Dr. Chan said that government preparedness plans could include steps like ensuring that laboratories can test for the disease and that health systems can identify and treat cases, track an outbreak and

prevent the virus from spreading in hospitals and clinics. She said governments should also decide on measures like closing schools and discouraging or banning public gatherings.

Mexico, for instance, has prohibited people from eating in restaurants and ordered most stores and other businesses to close for several days starting Friday, a move apparently intended to keep people at home during what is traditionally a long holiday weekend.

At a news conference in Mexico City on Wednesday night, Mexico's secretary of health, José Ángel Córdova, also announced that the national government would close all but essential offices during the same time period. The government did not suspend mass transportation or close airports and asked that supermarkets and pharmacies remain open.

In the United States, Dr. Anthony S. Fauci, director of the National Institute of Allergy and Infectious Diseases, said the outbreak had caused such concern because officials had never seen this particular strain of the flu passing among humans.

"There is no background immunity in the population, and it is spreading from human to human – all of which has the potential for a pandemic," Dr. Fauci said.

Dr. Richard Besser, acting director of the Centers for Disease Control and Prevention, said that officials had no way of predicting whether the outbreak would become more serious.

"You don't know if this is a virus that will fizzle in a couple of weeks or one that will become more or less virulent or severe in the diseases it causes," Dr. Besser said.

He said officials must follow government plans for a pandemic because of that unpredictability.

"If we could see into the future, it would be wonderful so that we could tailor all our responses specifically to what is occurring," Dr. Besser said.

The disease centers' count of 91 confirmed cases in the United States did not include some later reports by states that confirmed cases after the C.D.C. tally was posted. In addition, there were suspected cases in Louisiana and Delaware. Kits being provided to the states and other countries will allow them to test for the virus on their own and obtain results within a few hours.

New York City added five new confirmed cases, bringing its total to 49. All have links to Mexico or St. Francis Preparatory School in Queens, where the virus first surfaced in New York, health officials said. The city identified five more probable cases.

The total in Canada rose to 19, from 16. In Mexico, more than 150 people are suspected to have died from the flu, and almost 2,500 are thought to have been infected.

Kathleen Sebelius focused on the outbreak on Wednesday during her first news conference as the secretary of health and human services.

"We're determined to fight this outbreak and do everything we can to protect the health of every American," Ms. Sebelius said.

She noted that the Centers for Disease Control and Prevention had recommended that schools close only if a student is found to be infected. More aggressive steps are under discussion, Ms. Sebelius said, but officials realize that school closings can cause problems for families.

"What happens to parents? Where do children go?" she asked.

Dr. Besser, who joined the news conference via a video feed, said the most recent cases included patients of a broad range of ages, with two-thirds of all cases occurring in people under 18.

"There have been five hospitalizations so far, including the child who died. But we have a number of suspect cases that have been hospitalized and we expect that number to go up," Dr. Besser said.

Dr. Besser said that a quarter of the nation's stockpile of 50 million treatments of antiviral medicines would be distributed to states by Sunday.

The United States has no plans to close international borders because, Dr. Besser said, such closings are not effective in slowing pandemics. When Hong Kong was hit with severe acute respiratory syndrome, or SARS, "increased border screening on entry and exit was not an effective way of identifying cases or preventing transmission," he said.

Nonetheless, Customs and Border Protection agents have stepped up efforts to spot sick travelers and are passing out travel health advisories.

Some elected officials have begun to question the decision to leave the borders open. Homeland Security Secretary Janet Napolitano was grilled by senators on Wednesday who asked whether her agency was doing enough to stop the virus from spreading from Mexico. The senators, including John McCain of Arizona and Joseph I. Lieberman of Connecticut, asked several times why the administration had decided against closing the border and banning travel to Mexico.

Herald-Tribune

Mark Mcdonald, Denise Grady

Mexico Limits Many Activities as Flu Alerts are Increased

(This article is almost similar to the previous one)

Herald –Tribune, 30 April 2009, 5:16 a.m. ET
https://www.heraldtribune.com/story/news/2009/05/01/mexico-limits-many-activities-as-flu-alerts-are-increased/28709650007/

The Mexican government moved aggressively to restrict public gatherings and commercial activities in an attempt to slow the alarming spread of swine flu in the country, as President Felipe Calderón addressed the crisis in a nationally televised speech Wednesday night.

The president said a shutdown of a broad range of public services and activities would start Friday and continue through Tuesday, encompassing the long Cinco de Mayo holiday weekend. Most federal offices will be closed; restaurants, schools and museums will remain shuttered; and spectators will be barred from all professional soccer matches.

Churches are expected to be nearly empty on Sunday.

The measures came as the World Health Organization raised its alert level on swine flu to Phase 5 on Wednesday, based on the flu's continuing spread in the United States and Mexico. Phase 5, the next-to-highest level in the worldwide warning system, has never been declared since the system was introduced in 2005 in response to the avian influenza crisis. Phase 6 means a pandemic is under way.

Worldwide, at least 10 countries have confirmed cases of swine flu.

"All countries should immediately activate their pandemic preparedness plans," Dr. Margaret Chan, the W.H.O. director general, said at a news conference in Geneva. While she emphasized the need for calm, at times she spoke as if a pandemic had already begun, saying, for instance, "W.H.O. will be tracking the pandemic."

In his address, Mr. Calderón urged people to stay inside their homes during the holiday hiatus, and he said the shutdown and restrictions could possibly be extended further into next week.

The Mexican minister of health, Jose Cordova, said all nonessential federal services will shut down, and Mexico City extended the federal ban to include health clubs, gyms, museums and movie theaters.

Police stations, airports, bus stations and the capital's subway system were to remain open under the federal plan, along with banks, food stores, pharmacies and gasoline stations.

Some 2,500 Mexicans have been sickened since the swine flu outbreak began last week in the town of La Gloria, 110 miles east of Mexico City. Mexico has reported just 99 confirmed cases of swine flu to the W.H.O., along with eight deaths, although as many as 168 people are suspected to have died from the disease there.

The only death from swine flu outside Mexico was reported Wednesday in the United States – a 23-month-old child from Mexico who was being treated in Houston.

The Centers for Disease Control and Prevention reported 91 confirmed cases from 10 states, up from 64 cases in 5 states on Tuesday. The number of confirmed cases was almost certain to grow as laboratories completed further tests on cases now termed "likely" or "probable."

The first infection in Switzerland was confirmed Thursday morning as health ministers from the European Union gathered in Luxembourg to coordinate efforts in how to manage the flu outbreak on the continent. Cases of swine flu have already been confirmed in Germany, Spain, Britain and Austria, and some of the ministers expected the flu to spread in the coming days.

Dr. Chan, in her remarks, emphasized that flu epidemics tended to take much higher death tolls in poor countries than in rich ones, and said her organization and others would need to make special efforts to help poorer nations.

She called for global solidarity, saying, "After all, it really is all of humanity that is under threat during a pandemic."

President Obama, terming the outbreak "cause for deep concern but not panic," took the unusual step Wednesday of using a prime-time televised news conference, convened to mark his 100th day in office, to deliver a public health message to the American people.

"Wash your hands when you shake hands, cover your mouth when you cough," he said from the East Room of the White House. "It sounds trivial, but it makes a huge difference. If you are sick, stay home. If your child is sick, take them out of school. If you are feeling certain flu symptoms, don't get on an airplane."

With public health officials recommending that schools close if there are more confirmed or suspected cases, Mr. Obama urged parents and businesses to "think about contingency plans" in case of such closings. Government preparedness plans may include steps like ensuring that laboratories can test for the disease and that health systems can identify and treat cases, track an outbreak and prevent the virus from spreading in hospitals and clinics. Governments should also decide on measures similar to those already taken in Mexico, such as closing schools and discouraging or banning public gatherings.

"The more recent illnesses and the reported death suggest that a pattern of more severe illness associated with this virus may be emerging in the U.S.," the C.D.C. said on its Web site. More hospitalizations and deaths are expected, the site said, because the virus is new and most people have no immunity to it.

The outbreak has caused such concern because officials have never seen this particular strain of the flu passing among humans before, said Dr. Anthony S. Fauci, director of the National Institute of Allergy and Infectious Diseases.

"There is no background immunity in the population, and it is spreading from human to human – all of which has the potential for a pandemic," Dr. Fauci said.

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Some elected officials have begun to question the decision to leave the borders open. Homeland Security Secretary Janet Napolitano was grilled by senators on Wednesday who asked whether her agency was doing enough to stop the virus from spreading from Mexico. The senators, including John McCain of Arizona and Joseph I. Lieberman of Connecticut, asked several times why the administration had decided against closing the border and banning travel to Mexico.

Senator Susan Collins of Maine urged that customs officials inspect more thoroughly and that the agency consider using heat sensors that allow agents to detect fevers among travelers entering the country

URA.RU
Информационное агентство

Свиной грипп официально признан пандемией
«Вирус угрожает всему миру. А запасов медикаментов явно недостаточно»

URA.ru, 30 апреля 2009, 10:36
https://ura.news/news/1052096430

Всемирная организация здравоохранения (ВОЗ) подняла уровень пандемической угрозы вируса свиного гриппа до пятой, предпоследней степени. Это означает, что вирус официально признан пандемией, сообщает «Интерфакс». Данное решение было принято после того, как в США зарегистрировали первый летальный исход, вызванный свиным гриппом. Об этом было объявлено в среду вечером на экстренном заседании ВОЗ в Женеве.

Как сообщают «Вести», мировому сообществу необходимо активизировать подготовку к борьбе с пандемией свиного гриппа. По словам генерального директора ВОЗ Маргарет Чен, фармацевтические компании должны «увеличить выпуск эффективных противогриппозных средств, запасов которых сейчас явно недостаточно». «Сейчас пандемия действительно угрожает всему миру», - отметила Чен.

Как сообщалось, вспышка свиного гриппа началась в Мексике. Сейчас случаи заболевания зарегистрированы в США, Канаде, Европе. В числе погибших от свиного гриппа уже около 160 человек. Список пополнился после того, как стало известно о гибели двухлетнего ребёнка в США. Это был первый смертельный случай за пределами Мексики.

Россельхознадзор России считает, что, несмотря на принимаемые меры, вряд ли удастся избежать заноса вируса свиного гриппа в Россию. Президент РФ Дмитрий Медведев отправил главам регионов и своим полномочным представителям в федеральных округах директиву принять все меры по недопущению проникновения на подведомственную им территорию вируса свиного гриппа.

Специалисты ВОЗ полагают, что пострадать от свиного гриппа в случае, если вспышка этого заболевания перерастет в пандемию, могут до 1,5 млрд. человек, 7 млн. из них могут умереть, сообщает «Интерфакс». Эксперты полагают, что при пандемии вирус в течение 18-24 месяцев будет распространяться от города к городу, затрагивая более трети населения.

Подпишитесь на URA.RU в Telegram! Наш канал следит за всем миром и рассказывает, что пишут о России за рубежом. Наши подписчики узнают о мировых сенсациях первыми!

MED НОВОСТИ

Голикова пока не считает свиной грипп реальной угрозой для россиян

MedPortal, 30 апреля 2009, 12:00
https://medportal.ru/mednovosti/golikova-poka-ne-schitaet-svinoy-gripp-realnoy-ugrozoy-dlya-rossiyan/

В настоящее время свиной грипп не является реальной угрозой для российских граждан, полагает Татьяна Голикова. В интервью “Известиям” глава Минздравсоцразвития заявила, что российские власти принимают все необходимые меры для предотвращения распространения инфекции на территории РФ.

“Сейчас сложно делать прогнозы, насколько велика угроза свиного гриппа. Но меры, которые необходимо принимать в таких случаях, приняты”, - заверила Голикова. Министр напомнила о запрете на ввоз мясной продукции из США и Латинской Америки, а также об усилении санитарного контроля в отношении пассажиров, пребывающих в международные аэропорты из Мексики и США.

“Конечно, могут быть единичные случаи заболеваний, от этого никто не застрахован, но говорить сейчас о реальном риске для российских граждан нельзя”, - подчеркнула она.

Всемирная организация здравоохранения (ВОЗ) официально подтверждает 149 случаев заболевания людей свиным гриппом. Лабораторно подтвержденные случаи инфекции зафиксированы в Мексике, США, Канаде, Израиле, Новой Зеландии, а также в Испании, Великобритании, Германии и Австрии.

Поздно вечером в среду ВОЗ повторно повысила уровень угрозы развития пандемии гриппа – на этот раз, с четырех до пяти баллов по шестибалльной шкале. Данный этап развития пандемии характеризуется передачей вируса от человека к человеку в двух странах одного региона.

World Health Organization

Pandemic influenza preparedness: sharing of influenza viruses and access to vaccines and other benefits

Geneva, WHO, 30 April 2009

https://web.archive.org/web/20090914214302/http://apps.who.int/gb/ebwha/pdf_files/A62/A62_5-en.pdf

In May 2007, the Sixtieth World Health Assembly adopted resolution WHA60.28 on Pandemic influenza preparedness: sharing of influenza viruses and access to vaccines and other benefits which, inter alia, requested the Director-General to report to the Sixty-first World Health Assembly, through the Executive Board, on progress made in implementing the resolution, including the work of the Intergovernmental Meeting. In May 2008, the Health Assembly noted the report submitted by the Secretariat, and in January 2009 the Executive Board noted a further report.

2. In the period since the Intergovernmental Meeting held in November 2007, several activities have been undertaken to implement resolution WHA60.28.

...

Advisory Group

10. The Director-General, in close consultation with Member States, appointed an Advisory Group of 18 members comprising internationally recognized policy-makers, public health experts and technical experts in the field of influenza, and based on equitable representation of WHO regions and affected countries.

11. This Advisory Group advises the Director-General on strengthening the trust-based system needed to protect public health and undertake necessary monitoring and assessment of the system. The Advisory Group has met twice. At its first meeting (Geneva, 21 October 2008), it drafted provisional terms of reference and considered progress made on the development of the Influenza Virus Traceability Mechanism, notably through the report of the two members of the Advisory Group who attended the Ottawa technical consultation (see paragraph 7). In its second meeting (5 March 2009), the Advisory Group discussed the four preparatory documents to be submitted to the Inter-governmental Meeting at its resumed session in May and provided comments on them to the Secretariat.

International Stockpile of H5N1 Influenza Vaccines

12. Pursuant to resolution WHA60.28, the Secretariat undertook work towards establishing an international stockpile of vaccines for H5N1 or other influenza viruses of pandemic potential.

In collaboration with a consulting group funded by the Bill & Melinda Gates Foundation, WHO developed several options for the stockpile, including associated costs and possible financing mechanisms. A detailed report on the findings was released in February 2009.1

13. During a meeting of experts and Member State representatives (Geneva, 4 March 2009), technical options for the design and financing of the international stockpile were discussed. Based on expert guidance, as well as the evidence and findings contained in the report, the Director-General considers that the optimal configuration for the international stockpile of H5N1 vaccines is as follows:

- a short-term (three-to-five years) physical stockpile of donated vaccines that does not require replenishment
- vaccine to be held in filled doses with ancillary supplies
- the stockpile to be located in up to three cities, selected according to cost implications and other criteria which include, but are not limited to:

− international air and cargo hubs (reliability of airport facilities and services in times of crisis)
− geographical/regional balance
− commitment of host country to ensure access and facilitate international deployment
− demonstrated logistics infrastructure capacity (e.g. storage, handling and maintenance).

The estimated present value cost of this option is US$ 70 million. The Director-General will consult with potential donors to secure in-kind and other donations to meet this estimated cost.

14. WHO will look to the guidance of the WHO Strategic Advisory Group of Experts on immunization and the specialized working group on H5N1 vaccines in order to consider and provide further recommendations on the use of H5N1 influenza vaccines in high-risk and priority groups (as defined in country plans) and the use of H5N1 vaccine that has been stockpiled but is reaching the end of its shelf-life.

Meetings of the Strategic Advisory Group of Experts on immunization and its working group are scheduled for April 2009.

Strengthening surveillance at the Animal–Human interface

15. Collaboration between FAO, WHO, UNICEF and OIE is continuing, as exemplified by the Global Early Warning System for Major Animal Diseases, the Global Framework for Transboundary Animal Diseases, discussion related to the Mediterranean Zoonoses Control Programme, a recent jointly sponsored scientific meeting that brought together animal and human influenza scientists, and the Canadian International Development Agency-funded tripartite programmes on avian influenza.

This collaboration has been strengthened as a result of joint responses to H5N1 disease in poultry and humans. There is now an acceptance that, in order to maintain the momentum in the response to H5N1 infection and increased preparedness for a pandemic of influenza, there should be a framework to enable a response to diseases at the human–animal interface, which includes human public health, and domestic and wildlife animal health using the concept of "One World, One Health" from the Wildlife Conservation Society 2004. A strategic framework for "One World, One Health" was presented to the Ministerial Meeting on Avian and Pandemic Influenza (Sharm-el-Sheikh, Egypt, 25 and 26 October 2008) by FAO, WHO, UNICEF, OIE, the World Bank and the United Nations System Influenza Coordinator. The success of the current response to avian influenza will help to promote a sustained response to avian influenza and other diseases which have a profound effect on human and animal health and the health of communities and economies.

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The Times-Gazette

WHO says swine flu pandemic imminent; now in 11 states

The Times-Gazette (Hillsboro, OH), 30 April 2009, Thu, 13 (127): 2
https://www.newspapers.com/image/903681305/?terms=outbreak%2C%20swine%20flu%2C%20Mexico%2C%20decline%2C%20Cordova&match=1

Mexico City – Global health authorities warned, Wednesday that swine flu was threatening to bloom into a pandemic, and the virus spread farther in Europe even as the out-break appeared to stabilize at its epicenter. A toddler who succumbed in Texas hecame the first death outside Mexico.

New cases arid deaths finally seemed to be leveling off in Mexico, where 160 people have been killed, after an aggressive public health campaign. But the World Health Organization said the global threat is nevertheless serious enough to ramp up efforts to produce vaccine against the virus.

"It really is all of humanity that is under threat during a pandemic," WHO Director General Margaret Chan said in Geneva. "We do not have all the answers right now, but we will get them."

It was the first time the WHO had declared a Phase 5 out-break, the second-highest on its threat scale, indicating a pandemic could be imminent.

The first U.S. death from the outbreak was a Mexico City toddler who traveled to Texas with family and died Monday night at a Houston hospital. U.S. Health and Human Services Secretary Kathleen Sebelius predicted the child would not be the last U.S. death from swine flu.

The virus, a mix of pig, bird and human genes to which people have limited natural immunity, had spread to at least nine countries. In the United States, nearly 100 have been sickened in 11 states, including Ohio.

Highland County Health Commissioner Dr. Jim VanZant said that despite rumors of Swine flu in Highland County, there continues to be only one confirmed case of the virus in the state of Ohio.

"There are no cases currently in Highland County or any surrounding counties," he said. "l'm not going to tell you that we won't have one here, but it would have to he confirmed by the Ohio Health Department and come through our office, and we have none as of today."

Eight states closed schools Wednesday, affecting 53,000 students in Texas alone, and President Barack Obama said wider school closings might be necessary, to keep crowds from spreading the flu. Mexico has already closed schools nationwide until at least May 6.

"Every American should know that the federal government is prepared to do whatever is necessary to control the impact of this virus," Obama said, highlighting his request for $1.5 billion in emergency funding for vaccines.

Just north of the Mexican border, 39 Marines were being confined to their California base after one contracted what may be swine flu. Senators questioned Homeland Security Secretary Janet Napolitano about her decision not to close the border, action she said "has. not been merited by the facts."

Ecuador joined Cuba and Argentina in banning-trawl either to or from Mexico, and other nations considered similar bans. In France, President Nicolas Sarkozy met with cabinet ministers to discuss

swine flu, and the health minister said France would ask the European Union to suspend flights to Mexico.

The U.S., the. European Union and other countries have scouraged nonessential travel to Mexico. Some countries have urged their citizens to avoid the United States and Canada as well. Health officials said such bans would do little to stop the virus.

Germany and Austria became the latest countries to report swine flu infections Wednesday, with cases already confirmed in Canada, Britain, Israel, New Zealand and Spain.

In addition to the 160 deaths, the virus is believed to have sickened 2,498 people across Mexico. But only 1,311 suspected swine flu patients remained hospitalized, and a closer look at daily admissions and deaths at Mexico's public hospitals suggests the outbreak may have **peaked** during three days last week when thousands of people complained of flu symptoms.

Scientists believe that somewhere in the world, months or even a year ago, a pig virus jumped to a human and mutated, and has been spreading between humans ever since. Unlike with bird flu, doctors have no evidence suggesting a direct pig-to-human infection from this strain, which is why they haven't recommended killing pigs.

Medical detectives have not zeroed in on where the outbreak began. Mexico's chief epidemiologist suggested Wednesday, that someone could have carried it in from Pakistan or Bangladesh – or just about anywhere else in the world.

By March 9, the first symptoms were showing, up in the Mexican state of Veracruz, where pig farming is a key industry in mountain hamlets and where small clinics provide the only health care.
The earliest confirmed case was there: a 5-year-old boy who was one of hundreds of people in the town of La Gloria whose flu symptoms left them struggling to breathe.

Days later, a door-to-door tax inspector was hospitalized with acute respiratory problems in the neighboring state of Oaxaca, infecting 16 hospital workers before she became Mexico's first confirmed death.

Neighbors of the inspector, Maria Adela Gutierrez, said Wednesday that she fell ill after pairing up with a temporary worker from Veracruz who seemed to have a very bad Cold. Other people from La Gloria kept going to jobs in Mexico City despite their illnesses, and could have infected people in the capital.

The deaths were already leveling off by the time Mexico announced the epidemic April 23. At. hospitals Wednesday, lines of anxious Citizens seeking care for flu symptoms dwindled markedly.

The Mexican health secretary, Jose Angel Cordova, said getting proper treatment within 48 hours of falling ill "is fundamental for getting the best results" and said the country's supply of medicine was sufficient.

Swine flu has symptoms nearly identical to regular flu fever, cough and sore throat – and spreads like regular flu, through tiny particles in the air, when people cough or sneeze. People with flu symptoms are advised to stay at home, wash their hands and cover their sneezes.

mint

WHO raises its flu alert to five

MINT, 30 Apr 2009, 04:32 PM IST
https://www.livemint.com/Politics/E7uU3z3Sk4UCDSP1THIslK/WHO-raises-its-flu-alert-to-five.html

Mexico City: Mexico took even more drastic action to stamp out a swine flu epidemic, ordering a halt to nonessential business and federal government activities, as the World Health Organization ratcheted up its pandemic alert, warning that “all of humanity" is threatened.

The dire warning showed that health officials are very worried about the potential for massive numbers of deaths worldwide from the mutated virus, even though the epidemic so far has claimed only a confirmed eight lives in Mexico and one in the United States. Roughly 170 deaths are suspected of having been caused by the virus in Mexico.

Switzerland and the Netherlands on Thursday became the latest countries hit by swine flu. In the Swiss case, a 19-year-old infected student was mistakenly released from a hospital before being hastily readmitted.

European Union health ministers held emergency talks in Luxembourg to coordinate efforts in preventing the spread of swine flu in Europe.

The Phase 5 alert, indicating a pandemic could be imminent as the virus spread further in Europe, prompted Mexico to announce the partial May 1-5 shutdown, Mexican Health Secretary Jose Cordova said late Wednesday.

In Washington, President Barack Obama promised “great vigilance" in confronting the outbreak which has sickened nearly 100 people in 11 states and forced schools to close. A Mexican toddler who visited Texas with his family died Monday night in Houston, becoming the first fatality in the U.S., and 39 Marines were confined to their base in California after one came down with the disease.

The virus, a mix of pig, bird and human genes to which people have limited natural immunity, has also spread to Canada, New Zealand, Britain, Germany, Spain, Israel and Austria.

“It really is all of humanity that is under threat during a pandemic," WHO Director General Margaret Chan said in Geneva. “We do not have all the answers right now, but we will get them."

In a televised address, Mexican President Felipe Calderon praised “the heroic work" of doctors and nurses and asked his countrymen to literally stay in their homes between 1 May and 5 May, saying “there is no safer place to protect yourself against catching swine flu, than in your house."

“In recent days, Mexico has faced one of the most serious problems in recent years," Calderon said Wednesday night. He brushed aside criticisms that his government’s response was slow, stressing several times that authorities had reacted “immediately."

School in Mexico has already been canceled until 6 May. During the shutdown, essential services like transport, supermarkets, trash collection and hospitals will remain open.

Calderon said authorities would use the partial shutdown to weigh whether to extend the emergency measures, or “if it is possible to phase out some" restrictions.

The outbreak appeared to already be stabilizing in Mexico, the epicenter. Confirmed swine flu cases doubled Wednesday to 99, but new deaths finally seemed to be leveling off after an aggressive public health campaign was launched when the epidemic was declared April 23.

Although 17 new suspected deaths were reported, only one additional confirmed death was announced Wednesday night, for a total of eight countrywide. The virus is believed to have sickened as many as 2,955 people across the country.

The WHO said the global threat is nevertheless serious enough to ramp up efforts to produce a vaccine against the virus. It declared a Phase 5 outbreak – the second-highest on its threat scale – for the first time ever, indicating a pandemic could be imminent.

In the US, eight states closed schools Wednesday, affecting 130,000 students in Texas alone.

Obama said his administration has made sure that needed medical supplies are on hand and he praised the Bush administration for stockpiling 50 million doses of antiviral medications.

"The key now is to just make sure we are maintaining great vigilance, that everybody responds appropriately when cases do come up. And individual families start taking very sensible precautions that can make a huge difference," he said.

Ecuador joined Cuba and Argentina in banning travel to or from Mexico and Peru banned flights from Mexico. The Panama Canal Authority ordered pilots and other employees who board ships passing through the waterway to use surgical masks and gloves. An average of 36 ships per day use the canal, most from the United States, China, Chile and Japan.

The US, the European Union and other countries have discouraged nonessential travel to Mexico. Some countries have urged their citizens to avoid the United States and Canada as well.

Medical detectives have not pinpointed where the outbreak began. Scientists believe that somewhere in the world, months or even a year ago, a pig virus jumped to a human and mutated, and has been spreading between humans ever since.

China went on the offensive to reject any suggestion it's the source of the swine flu after some Mexican officials were quoted in media reports in the past week saying the virus came from Asia and the governor of Mexico's Veracruz state was quoted as saying the virus specifically came from China.

One of the deaths in Mexico directly attributed to swine flu was that of a Bangladeshi immigrant, said Mexico's chief epidemiologist Miguel Angel Lezana.

Lezana said the unnamed Bangladeshi had lived in Mexico for six months and was recently visited by a brother who arrived from Bangladesh or Pakistan and was reportedly ill. The brother has left Mexico and his whereabouts are unknown, Lezana said. He suggested the brother could have brought in the virus.

By March 9, the first symptoms were showing up in the Mexican state of Veracruz, where pig farming is a key industry in mountain hamlets.

The earliest confirmed case was there: a 5-year-old boy who was one of hundreds of people in the town of La Gloria whose flu symptoms left them struggling to breathe.

Days later, a door-to-door tax inspector was hospitalized with acute respiratory problems in the neighboring state of Oaxaca, infecting 16 hospital workers before she became Mexico's first confirmed death.

Neighbors of the inspector, Maria Adela Gutierrez, said Wednesday that she fell ill after pairing up with a temporary worker from Veracruz who seemed to have a very bad cold. Other people from La Gloria kept going to jobs in Mexico City despite their illnesses.

Cordova, the Mexican health secretary, said getting proper treatment within 48 hours of falling ill "is fundamental for getting the best results" and suggested the virus can be beaten if caught quickly and treated properly.

But it was neither caught quickly nor treated properly in the early days in Mexico, which lacked the capacity to identify the virus, and whose health care system has become the target of widespread anger and distrust. In case after case, patients have complained of being misdiagnosed, turned away by doctors and denied access to drugs.

Swine flu has symptoms nearly identical to regular flu – fever, cough and sore throat – and spreads like regular flu, through tiny particles in the air, when people cough or sneeze. People with flu symptoms are advised to stay at home, wash their hands and cover their sneezes.

THE DENVER POST

Mexico: Flu cases level off.

The Denver Post, by The Associated Press, 30 April, 2009, 5:47 p.m.
https://www.denverpost.com/2009/04/30/mexico-flu-cases-level-off-2/

Mexico City – Mexico's top medical officer voiced optimism Thursday that swine flu has slowed in the nation hardest hit by the virus, but the World Health Organization cautioned there is no evidence that the worst of the global threat is over.

The U.S. caseload rose slightly to nearly 130 as hundreds of schools nationwide shut their doors, and the crisis even reached the White House, which said an aide to the secretary of energy apparently got sick helping arrange a presidential trip to Mexico.

European health ministers vowed to work quickly with drugmakers to rush a vaccine into production, but U.S. health officials suggested that inoculations could not begin until the fall at the earliest.

Mexican Health Secretary Jose Angel Cordova said new cases have leveled off and that the death rate has been nearly flat for several days. He said the next few days would be critical in determining whether the virus was truly on the decline.

"The fact that we have a stabilization in the daily numbers, even a drop, makes us optimistic," he said. "Because what we'd expect is geometric or exponential growth. And that hasn't been the situation. So we think we're on the right track."

12 confirmed deaths

The health ministry, which earlier said 168 people were believed dead from swine flu in Mexico, on Thursday would only confirm 12 of those deaths and would not say how many were suspected.

The WHO's top flu official, responding to similarly hopeful remarks from other Mexican officials, sounded a more cautious note.

"For things to go up and down in a country is expected. If it didn't do that would be very unusual," Dr. Keiji Fukuda said in Geneva. "Hopefully, we'll see more of the data of what's going on there. But I expect even in Mexico you will see a mixed picture."

Mexico has imposed what amounts to a five-day shutdown of the country, beginning today, in hopes of slowing the virus. All but the most essential government services will be suspended, most businesses have been urged to close, and Mexicans have been encouraged to stay in their homes.

On Wednesday, the WHO said swine flu threatened to become a pandemic, and for the first time it raised its threat level to Phase 5, the second-highest. Fukuda said Thursday there were no immediate signs that warranted declaring a Phase 6 pandemic.

Phase 5 means a virus has spread into at least two countries and is causing large outbreaks. Phase 6 means outbreaks have been detected in two or more regions of the world and that a pandemic is underway.

The only confirmed U.S. swine-flu death so far is a Mexican toddler who died this week in Texas. New cases of swine flu were confirmed Thursday in Europe, but no deaths have been reported outside North America.

Never posed risk to Obama

An aide to Energy Secretary Steven Chu apparently got sick helping to arrange President Barack Obama's recent trip to Mexico. The aide did not fly on Air Force One and never posed a risk to the president, the White House said.

The U.S. is taking extraordinary precautions, including shipping millions of doses of anti-flu drugs to states. Scientists cannot predict what a new virus might do, and the outbreak could always resurge later.

Scientists are racing to prepare the key ingredient to make a vaccine against the strain, but it will take several months before human testing can begin. Production would not start until fall.

"I don't want anybody to have false expectations," said Health and Human Services Assistant Secretary Craig Vanderwagen. "The science is challenging here."

He said 600 million doses in six months was "achievable."

In hopes of avoiding confusion, the WHO announced it will stop using the term "swine flu," opting for the bug's scientific name, H1N1 influenza A. Obama administration officials also have referred to the virus as H1N1 in recent days.

Switzerland and the Netherlands became the latest countries to report infections. Canada, New Zealand, Britain, Germany, Spain, Israel and Austria also have confirmed cases.

In the United States, where cases have been confirmed coast to coast, nearly 300 schools were closed Thursday, including at least 200 in Texas.

The Red Cross said it was readying an army of 60 million volunteers who can be deployed around the world to help slow the virus' spread.

Mexican health chief: Swine flu cases leveling off

OU Daily, The Associated Press, 30 Apr 2009
https://www.oudaily.com/news/mexican-health-chief-swine-flu-cases-leveling-off/article_56f5a627-1521-58ea-b618-1b2cf7a2c1c7.html

Mexico City – Mexico's top health official said Thursday the number of new swine flu cases is stabilizing in the nation at the epicenter of the outbreak.

Health secretary Jose Angel Cordova told a news conference he hoped the trend will continue and that a vaccine would be available in six months. European health ministers said they would speed efforts to develop such a vaccine.

The World Health Organization's flu chief, reacting to similar comments from other Mexican officials, cautioned that case numbers often go up and down, and said the WHO had yet to see concrete evidence that swine flu, believed to have killed 168 people in Mexico, was leveling off.

"It's a mixed pattern out there," Dr. Keiji Fukuda said. "What's happening in one part of the country is not necessarily what's happening in another part of the country."

New cases of swine flu were confirmed in the United States and Europe a day after the WHO said the virus threatened to become a global epidemic and raised its alert level to Phase 5, the second-highest stage, for the first time.

Health officials in the United States said Thursday the number of confirmed cases had risen to 109. President Barack Obama told Americans the government was "taking the utmost precautions and preparations" to stop the virus.

The Mexican health secretary's comments followed similarly hopeful remarks from the mayor of Mexico City, who said statistics indicated "we are entering a period of stabilization."

In Luxembourg, European Union health ministers holding an emergency talks on swine flu agreed to work "without delay" with drugmakers to develop a pilot vaccine to fight the virus.

U.S. scientists are racing to develop the key vaccine ingredient, a strain of the virus engineered to trigger the immune system. But they cautioned Thursday it would take months before enough doses could be ready for necessary testing in humans.

On Wednesday, Mexican President Felipe Calderon ordered citizens to stay home, businesses to close and government services to be suspended for five days beginning Friday.

Calderon said only essential businesses such as supermarkets, hospitals and pharmacies should stay open, and only critical government workers such as police and soldiers would be on duty from Friday through Tuesday.

School had already been canceled nationwide through Tuesday. The steps are aimed at stopping further spread of the virus even though the WHO has suggested nations should focus on minimizing its effects, not containing its spread.

"There is no safer place to protect yourself against catching swine flu than in your house," Calderon said Wednesday night in a televised address. He defended the government against criticism that it had been slow to act against signs of a new and dangerous virus.

In the U.S., Vice President Joe Biden said on NBC's "Today" show he is advising his own family to stay off commercial airlines and even subways because of swine flu. His office later backtracked and said the vice president was talking about travel to Mexico.

Biden's precautions go beyond official advice from the U.S. government. Obama merely urged people to wash their hands, cover their coughs and stay home when they feel sick. Calderon gave similar advice.

Biden and the acting head of the Centers for Disease Control and Prevention said in televised interviews Thursday there would be no practical benefit to closing the U.S.-Mexican border to stop the flu's spread.

The WHO's Phase 5 alert activates added efforts to produce a vaccine. Fukuda said Thursday there was nothing in the past day that would prompt the U.N. body to raise the alert further.

"So, at this time again, I want to repeat there is nothing to us which immunologically suggests today that we should be moving toward phase 6," he told reporters.

Switzerland and the Netherlands became the latest countries to report swine flu infections. In addition to Mexico and the U.S., Canada, New Zealand, Britain, Germany, Spain, Israel and Austria have confirmed cases.

The Swiss government said a 19-year-old student with swine flu was mistakenly released from the hospital and then hastily readmitted. The Dutch said a 3-year-old child who recently returned from Mexico had contracted swine flu and was being treated and recovering well.

The WHO raised its tally of confirmed swine flu cases around the world to 257 from 148, with most of the new cases from Mexico. The WHO count lags behind what individual countries report.

The Red Cross said Thursday it is readying an army of 60 million volunteers who can be deployed around the world to help slow the virus' spread, including by educating people about hygiene and caring for the sick.

The United States confirmed its first swine flu death on Wednesday, a Mexican toddler who visited Texas with his family and died Monday night in Houston. Thirty-nine Marines were confined to their base in California after one came down with the virus.

Swine flu is a mix of pig, bird and human genes to which people have limited natural immunity. It has symptoms nearly identical to regular flu – fever, cough and sore throat – and spreads similarly, through tiny particles in the air, when people cough or sneeze. About 36,000 people die each year of flu in the United States.

Calderon said authorities would use the five-day partial shutdown in Mexico to consider whether to extend emergency measures or ease some restrictions. The dates include a weekend and two holidays, Labor Day and Cinco de Mayo, minimizing the added disruption.

Even before the shutdown went into full effect, a surprised radio reporter exclaimed that traffic was unusually light Thursday. Businessmen in surgical masks trudged in for their last day of work, passing beggars who kept their masks on too. Even the capital's legendary smog seemed to be easing.

Obama said his administration has made sure that needed medical supplies are on hand and he praised the Bush administration for stockpiling 50 million doses of antiviral medications.

"The key now is to just make sure we are maintaining great vigilance, that everybody responds appropriately when cases do come up. And individual families start taking very sensible precautions that can make a huge difference," he said.

Several nations have banned travel to or from Mexico, and some countries have urged their citizens to avoid the United States and Canada as well. Health officials said such bans would do little to stop the virus.

Medical detectives have not pinpointed where the outbreak began. Scientists believe that somewhere in the world, months or even a year ago, a pig virus jumped to a human and mutated, and has been spreading between humans ever since.

China has gone on a rhetorical offensive to squash any suggestion it's the source of the swine flu after some Mexican officials suggested it sprang from China or elsewhere in Asia. A Mexican health official has also suggested the virus could have been brought to Mexico from Pakistan or Bangladesh.

By March 9, the first symptoms were showing up in the Mexican state of Veracruz, where pig farming is a key industry in mountain hamlets and where small clinics provide the only local health care.

The earliest confirmed case was a 5-year-old Veracruz boy, one of hundreds of people in the town of La Gloria whose flu symptoms left them struggling to breathe. People from La Gloria kept going to jobs in Mexico City despite their illnesses, and could have infected people there.

Days later, a door-to-door tax inspector was hospitalized with acute respiratory problems in the neighboring state of Oaxaca, infecting 16 hospital workers before she became Mexico's first confirmed death.

Mexico's health care system has become the target of widespread anger and distrust. In case after case, patients have complained of being misdiagnosed, turned away by doctors and denied access to drugs.

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AP writers Frank Jordans in Geneva; Tom Raum and Lauran Neergaard in Washington; Olga Rodriguez in Oaxaca, Mexico; Paul Haven and E. Eduardo Castillo in Mexico City; Mike Stobbe in Atlanta; Mike Corder in The Hague, Netherlands, and Balz Bruppacher in Bern, Switzerland, contributed to this report.

World Health Organization

Levels of Pandemic Alert
Epidemic and Pandemic Alert and Response (EPR)

Geneva, WHO, 1 May 2009 / Revised: 12 May 2009

https://web.archive.org/web/20090504141302/http://www.who.int/csr/disease/swineflu/frequently_asked_questions/levels_pandemic_alert/en/index.html

What does pandemic alert phase 5 mean?

According to WHO definitions of phases - the virus has caused sustained community level outbreaks in at least two countries in one WHO region. At phase 5 a pandemic is considered imminent.

What is sustained human to human transmission?

This occurs when three generations are involved - i.e. the virus has passed from person A to person B and then to person C.

What is the difference between a probable case and a confirmed case?

A probable case is one that shows the symptoms of influenza such as cough, fever, headache, chills and fatigue and either tests positive for type A influenza or is considered linked to another probable or confirmed case.

A confirmed case is one which tests positive in a laboratory for the influenza A(H1N1) virus.

At what point does WHO consider a pandemic to have started?

Phase 6, as defined by the WHO pandemic preparedness guidelines. However, during both phase 5 and phase 6, national and local actions to respond to the outbreak shift from preparedness to response at a global level. The goal of recommended actions during these phases is to reduce the impact of the pandemic on society.

World Health Organization

Levels of Pandemic Alert
Epidemic and Pandemic Alert and Response (EPR)

Geneva, WHO, 12 May 2009; Original posting: 1 May 2009
https://web.archive.org/web/20090513005953/http://www.who.int/csr/disease/swineflu/frequently_asked_questions/levels_pandemic_alert/en/index.html

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- What is a sustained community-level outbreak? (12.05.09)
A sustained community level outbreak is when people are getting infected by others but it is not clear where they got infection from. For example, in this outbreak, person-to-person transmission cannot be traced back to a traveler, or a single closed community such as a school or workplace.

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Los Angeles Times

Noam N. Levey

Swamped hospitals fear an ER emergency

Los Angeles Times, 1 May 2009, 12 AM PT
https://www.latimes.com/archives/la-xpm-2009-may-01-na-swineflu-hospitals1-story.html

Washington – On Long Island, N.Y., hospitals are scrambling to bring extra workers in to handle a 50% surge in visitors to emergency rooms. In Galveston, Texas, the local hospital ran out of flu testing kits after being overwhelmed with patients worried about having contracted swine flu.

At Loma Linda University Medical Center near San Bernardino, emergency room workers have set up a tent in the parking lot to handle a crush of similar patients. In Chicago, ER visits at the city's biggest children's hospital are double normal levels, setting records at the 121-year-old institution.

So far, few of the anxious patients have had more than runny noses. But the widening outbreak of swine flu, also known as H1N1 flu, is exposing a potentially critical hole in the nation's defenses.

Across the country, emergency care facilities are straining at the seams even though the outbreak is relatively small and the federal government has launched a mammoth disease-control effort - dispatching antiviral drugs to states, attempting to contain the limited number of cases and beginning to develop a vaccine against it.

"It is a major Achilles' heel in our state of readiness," said Dr. Irwin Redlener, director of the National Center for Disaster Preparedness at Columbia University. "If we get a situation that is really out of hand with large numbers of people affected, I fear that our hospital and healthcare facilities simply won't have the materials or even the staffing to respond," he said.

Redlener and others are quick to point out that the outbreak is still a long way from such a critical stage.

Of the 136 cases of H1N1 flu authorities had confirmed in the United States as of Thursday night, only a handful required hospitalization.

By contrast, the Department of Health and Human Services' moderate pandemic influenza model, based on the last flu pandemic in 1968, envisions 90 million Americans becoming infected and 865,000 requiring hospitalization.

"If the outbreak stays in what I would characterize as its present mild form, I think we're in great shape," said James Bentley, senior vice president at the American Hospital Assn. "The key question becomes how many people at any one time have the flu, and how many people have it severely."

Prompted by the global SARS and avian flu outbreaks this decade, federal health officials and hospitals nationwide have been working to beef up preparations for possible disease outbreaks, helped by more than $2 billion in federal grants.

Hospitals have increased their supplies of staples such as face masks, and many have trained employees to care for patients out in the field.

In the last three years, California has spent more than $400 million to upgrade its readiness, including purchasing three fully equipped mobile hospitals and nearly 7,200 ventilators to respond to an outbreak of respiratory illness.

"Very real progress has been made," said Dr. Richard Waldhorn, distinguished scholar at the Center for Biosecurity of the University of Pittsburgh Medical Center who recently completed a study of the federal preparedness initiative.

But Waldhorn and others said the serious gaps remain, which would quickly become apparent if the current outbreak worsens.

Even some public health officials acknowledge that supplies of critical equipment such as ventilators could be seriously taxed in case of a full-blown pandemic.

"When you get all states involved, it certainly is more of problem," said Dr. Gregg Pane, who directs the National Healthcare Preparedness Program at the Department of Health and Human Services.

Hundreds of millions of face masks would be required, Waldhorn said.

Across the country, there are already signs of strain.

In Galveston, workers at the hospital saw the flood of ER patients begin early Sunday morning after news reports of flu-induced closures of public facilities across the border in Mexico, said Dr. Angela F. Gardner, an assistant professor of surgery and emergency medicine at the University of Texas Medical Branch in Galveston.

By that night, all but seven of the hospital's test kits were gone.

Gardner said they found no cases of the H1N1 virus. But the crowds have continued, even as the hospital struggled to provide care to other patients.

"When they come in, we don't know who may be really ill and who isn't," said Gardner, who is also president-elect of the American College of Emergency Physicians. "You don't want to turn people away who may be sick."

In Chicago, Children's Memorial Hospital saw 394 children in its emergency room Wednesday, more than double the number on a typical day. And at midnight, about 80 children were waiting to be seen, mostly for flu symptoms, forcing the hospital to open new space to accommodate the crowd.

"That's virtually unheard of," said hospital spokeswoman Kathleen Keenan, who like many medical officials urged people to check with their primary care doctors before going to the ER.

In Los Angeles, several hospitals are also reporting increased numbers of patients in their emergency rooms, though the surge hasn't caused hospitals to begin diverting other patients, said Cathy Chidester, director of Los Angeles County's Emergency Medical Services Agency.

"Some of them don't even have the sniffles. They're just worried," Chidester said.

The strains on emergency rooms have been exacerbated by cutbacks across the healthcare industry in recent years, according to many experts. Between 1996 and 2006, the number of hospital emergency departments declined by nearly 10%, according to the Centers for Disease Control and Prevention, even as demand for emergency services skyrocketed.

Hospitals are struggling too as a result of broader problems in the nation's healthcare sector. Since 2000, the number of beds at community hospitals nationally has dipped from 824,000 to about 800,000, according to American Hospital Assn.

And the recession has only accelerated the trend as hospitals shed nursing and other jobs to adapt to the economic downturn.

"The pressure has been to close excess beds and get lean," said Columbia's Redlener. "Lean is not your friend in a pandemic."

abcNEWS

Swine Flu Infections Surpass 100 in U.S.

ABC News, 1 May 2009, 5:13 AM
https://abcnews.go.com/Health/Healthday/story?id=7473977&page=1

May 1 – Thursday, April 30 (HealthDay News) – The number of confirmed swine flu cases in the United States has surpassed 100, federal health officials said Thursday.

Meanwhile, Mexico – believed to be the source of the outbreak -- braced for a shutdown of all non-essential services as authorities sought to limit further infections in that country, where the virus is suspected of causing 168 deaths so far.

Late Thursday, Mexico's top health official said the number of new swine flu cases seemed to be leveling off. Health Secretary Jose Angel Cordova told a news conference he hoped the trend would continue and that a vaccine would be available in six months, the Associated Press reported.

At a Thursday morning news conference, Dr. Richard Besser, acting head of the U.S. Centers for Disease Control and Prevention, said, "Today I am reporting 109 confirmed cases within the United States. We have 11 affected states. There are many more states that have suspect cases," he added.

There are 50 confirmed cases in New York, 26 in Texas, 14 in California, 10 in South Carolina, two each in Kansas and Massachusetts and one each in Arizona, Indiana, Michigan, Nevada, and Ohio, Besser said. The age range of those infected is 22 months to 81 years, he said.

"Six of the cases have been hospitalized, including the unfortunate case we reported yesterday of the child in Texas who passed away," he said.

The never-before-seen flu strain is a combination of pig, bird and human viruses, prompting worries from health officials that humans may have no natural immunity to the pathogen.

Besser said federal health officials "continue to be very aggressive in our approach and we will continue to do that until the situation tells us that we no longer need to do so. There's no one action that is going to stop this. There is no silver bullet, but all the efforts – the efforts of government, the efforts of communities and the efforts of individuals – will help to reduce the impact on people's health."

"There are things people can do," he said, including "handwashing, covering coughs, staying at home when they are sick.

The vaccine plan is to complete the production of seasonal flu vaccine for next winter and then switch to production of a vaccine for the N1H1 swine flu, if needed, Besser said.

All of the cases diagnosed in the United States continue to be mild, federal health officials said Thursday.

President Barack Obama said Wednesday that U.S. public health officials were recommending that schools with confirmed or suspected cases of swine flu "should strongly consider temporarily closing so that we can be as safe as possible."

Texas has postponed all public high school sports and academic competitions at least until May 11 due to the outbreak.

On Thursday, Fort Worth, Texas, announced the temporarily closure of all district schools for its approximately 80,000 students, probably until May 12, after one student was found to be infected with swine flu and three others were suspected of suffering from the virus.

Dozens of schools elsewhere in the country have also been temporarily shut down, according to published reports.

As with the previously tested strains of the swine flu virus, new testing has found that the pathogen remains susceptible to the two common antiviral drugs Tamiflu and Relenza, according to an April 28 dispatch from the CDC's *Morbidity and Mortality Weekly Report*.

On Wednesday, the World Health Organization raised the swine flu epidemic level from 4 to 5, signifying that a pandemic is imminent, and urged countries to implement their pandemic plans. And on Thursday, WHO said it would cease calling the virus "swine flu," using instead its scientific name, H1N1 influenza A, to help reduce confusion over the danger posed by pigs (pork consumption does not transmit infection).

On Thursday, Mexico prepared for a broad shutdown of services as officials urged businesses to close until Tuesday, to coincide with a long holiday weekend. Mexican President Felipe Calderon said in a televised address that only essential businesses such as supermarkets, hospitals and pharmacies should stay open, and only critical government workers such as police and soldiers would be on duty from Friday through Tuesday. School had already been canceled nationwide through Tuesday, *The New York Times* and the *AP* reported.

The decision Wednesday by the World Health Organization to raise the alert level underscored the concern of world health officials that the swine flu outbreak could trigger large numbers of deaths worldwide, even though there have only been eight confirmed deaths in Mexico and one in the United States, the *AP* reported.

"It really is all of humanity that is under threat during a pandemic," WHO Director General Margaret Chan said in Geneva, Switzerland. "We do not have all the answers right now, but we will get them."

On Monday, a 23-month-old Mexican boy who had traveled to Houston for medical treatment died, becoming the first fatality in the United States.

Switzerland and the Netherlands have become the latest countries to report swine flu infections. In addition to Mexico and the United States, Canada, New Zealand, Britain, Germany, Spain, Israel and Austria also have confirmed cases, the *AP* reported.

Mexico's prevention efforts may be paying off – the utbreak seemed to be stabilizing; confirmed swine flu cases doubled Wednesday to 99, but new deaths finally seemed to be stabilizing, the *AP* said.

DAILY Herald-Tribune

Paul Haven, The Associated Press

Spread of flu slowing in Mexico, top doc says
WHO cautions there is no evidence that the worst is over

The Daily Herald-Tribune (Grande Prairie, AL, Canada), 1 May 2009, Fri, p. 9
https://www.newspapers.com/image/730729268/?terms=outbreak%2C%20swine%20flu%2C%20Mexico%2C%20decline%2C%20Cordova&match=1

Mexico City – Mexico's top medical officer voiced optimism yesterday that swine flu has slowed in the nation hardest hit by the virus, but the World Health Organization cautioned there is no evidence the worst of the global outbreak is over.

The U.S. caseload rose slightly to 109 as schools nationwide shut their doors, and the crisis even reached the White House, which said an aide to the sec-retary of energy apparently got sick helping arrange a presidential trip to Mexico.

European health ministers holding an emergency meeting in Luxembourg vowed to work quickly with drugmakers to rush a vaccine into production, but American health officials suggested inoculations could not begin until fall at the earliest.

Mexican Health Secretary Jose Angel Cordova told The Associated Press new cases have leveled off and the death rate has been nearly flat for several days. He said the next few days would be critical in determining whether the virus was truly on the decline.

"The fact that we have a stabilization in the daily numbers, even a drop, makes us optimistic," he said. "Because what we'd expect is geometric or exponential growth. And that hasn't been the situation. So we think we're on the right track."

The health ministry, which earlier said **168 people** were believed killed by swine flu in Mexico, yesterday would **only confirm 12** of those deaths and would not say how many were suspected.

The World Health Organization's top flu official, responding to similarly hopeful remarks from other Mexican officials, sounded a more cautious note about whether the virus had peaked.

"For things to go up and down in a country is expected. If it didn't do that would be very unusual," Dr. Keiji Fukuda said in Geneva. "Hopefully we'll see more of the data of what's going on there. But I expect even in Mexico you will see a mixed picture."

Mexico has imposed what amounts to a five-day shutdown of the country, beginning today, in hopes of slowing the virus. All but the most essential government services will be suspended, most businesses have been urged to close, and Mexicans have been encouraged to stay in their homes.

On Wednesday, the WHO said swine flu threatened to become a pandemic, and for the first time it raised its threat level to Phase 5, the second-highest. Fukuda said yesterday there were no immediate signs that warranted declaring a Phase 6 pandemic.

Phase 5 means a virus has spread into at least two countries and is causing large outbreaks. Phase 6 means outbreaks have been detected in two or more regions of the world and a pandemic is under way.

The only confirmed U.S. swine flu death so far is a Mexican toddler who succumbed earlier this week in Texas. New cases of swine flu were confirmed yes-terday in Europe, but no deaths have been reported outside North America.

The U.S. government has urged Americans to wash their hands and to stay home from work and avoid traveling if they feel ill.

In Washington, an aide to Energy Secretary Steven Chu apparently got sick helping arrange U.S. President Barack Obama's recent trip to Mexico. The U.S. is taking extraordi-nary precautions, including shipping millions of doses of anti-flu drugs to states. Scientists cannot predict what a new virus might do, and the outbreak could always resurge later.

Star-Telegram FORT WORTH

Paul Haven, Niko Price

(this article quite similar to the presented above)

New cases of flu are leveling off in Mexico, top health official says
But the World Health Organization sounded a more cautious note

Fort Worth Star-Telegram (Fort Worth, TX), 1 May 2009, p. 4A
https://www.newspapers.com/image/654846471/?terms=outbreak%2C%20swine%20flu%2C%20Mexico%2C%20decline%2C%20Cordova&match=1

Mexico City – Mexico's top medical officer voiced optimism Thursday that swine flu has slowed in the nation hardest hit by the virus, but the World Health Organization cautioned there is no evidence the worst of the global out-break is over.

The U.S. caseload rose slightly to 130 as hundreds of schools nationwide shut their doors, and the crisis even reached the White House, which said an aide to the secretary of energy apparently got sick while helping arrange a presidential trip to Mexico.

European health ministers vowed to work quickly with drugmakers to rush a vaccine into production, but American health officials suggested inoculations could not begin until fall at the earliest.

Mexican Health Secretary Jose Angel Cordova told The Associated Press that new cases have leveled off and that the death rate has been nearly flat for several days. He said the next few days would be critical in determining whether the virus was truly on the decline.

"The fact that we have a stabilization in the daily numbers, even a drop, makes us optimistic," he said. The health ministry, which earlier said **168 people** were believed killed by swine flu in Mexico, on Thursday would confirm only **12 of those** deaths and would not say how many were suspected.

The World Health Organization's top flu official, responding to similarly hopeful remarks from other Mexican officials, sounded a more cautious note about whether the virus had peaked.

"For things to go up and down in a country is expected. If it didn't do that would be very unusual," Dr. Keiji Fukuda said in Geneva.

Mexico has imposed what amounts to a five-day shutdown of the country, beginning Friday, in hopes of slowing the virus.

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An aide to Energy Secretary Steven Chu apparently got sick while helping to arrange. President Barack Obama's recent trip to Mexico. The aide did not fly on Air Force One and never posed a risk to the president, the White House said.

The U.S. is taking extraordinary precautions, including shipping millions of closes of anti-flu drugs to states. Scientists cannot predict what a new virus might do, and the outbreak could resurge later.

Scientists ale racing to prepare the key ingredient to make a vaccine against the strain, but it will take several months before human testing can begin. Production would not start until fall.

"I don't want anybody to have false expectations," Health and Human Services Assistant Secretary Craig Vanderwagen said. "The science is challenging here." He said 600 million doses in six months was "achievable" based on a fall start.

In the United States, where cases have been confirmed coast to coast, nearly 300 schools were closed Thursday.

The Seattle Times

Paul Haven, Niko Price
(this article quite similar to the presented above)

Mexico is optimistic flu cases leveling off

The Seattle Times, 1 May 2009, 12:00 am
https://www.seattletimes.com/seattle-news/health/mexico-is-optimistic-flu-cases-leveling-off/

Mexico City – Mexico's top medical officer voiced optimism Thursday that swine flu has slowed in the nation hardest hit by the virus, but the World Health Organization (WHO) cautioned there is no evidence the worst of the global outbreak is over.

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"The fact that we have a stabilization in the daily numbers, even a drop, makes us optimistic," he said. "Because what we'd expect is geometric or exponential growth. And that hasn't been the situation. So we think we're on the right track."

The health ministry, which earlier said **168 people** were believed killed by swine flu in Mexico, on Thursday would only confirm **12 of those deaths** and would not say how many were suspected.

WHO's top flu official, responding to similarly hopeful remarks from other Mexican officials, sounded a more cautious note about whether the virus had peaked.

"For things to go up and down in a country is expected. If it didn't do that it would be very unusual," Dr. Keiji Fukuda said in Geneva. "Hopefully we'll see more of the data of what's going on there. But I expect even in Mexico you will see a mixed picture."

Mexico has imposed what amounts to a five-day shutdown of the country, beginning today, in hopes of slowing the virus. All but the most essential government services will be suspended, most businesses have been urged to close and Mexicans have been encouraged to stay in their homes.

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An aide to Energy Secretary Steven Chu apparently got sick helping arrange President Obama's recent trip to Mexico. The aide did not fly on Air Force One and never posed a risk to the president, the White House said.

The U.S. is taking extraordinary precautions, including shipping millions of doses of anti-flu drugs to states. Scientists cannot predict what a new virus might do, and the outbreak could always resurge later.

In hopes of avoiding confusion, the WHO announced it will stop using the term "swine flu," opting for the bug's scientific name, H1N1 influenza A. Obama administration officials have also pointedly referred to the virus as H1N1 in recent days.

Swine flu is a mix of pig, bird and human genes to which people have limited natural immunity. It has symptoms nearly identical to regular flu – fever, cough and sore throat – and spreads similarly, through tiny particles in the air, when people cough or sneeze.

About 36,000 people die each year of the seasonal flu in the United States.

The New York Times

Denise Grady, Liz Robbins

Outbreak in Mexico may be smaller than Feared

The New York Times, 1 May 2009, (2 May 2009, p. A7)
https://www.nytimes.com/2009/05/02/health/02flu.html

The swine flu outbreak in Mexico may be considerably smaller than originally feared, test results released there on Friday indicate.

Of 908 suspected cases that were tested, only 397 people turned out to have the virus, officially known as influenza A(H1N1), Mexican health officials reported at a news conference. Of those, 16 people have died.

Mexico had reported about 2,500 suspected cases as of Friday, but the number of real cases could turn out to be less than half the suspected number if further testing follows the same pattern as the original round. Officials said that the tests were being done quickly, and that 500 more would be completed Friday.

José Ángel Córdova, Mexico's health minister, said, "This is a new epidemic, and we can't predict exactly" what it will do. "We need more days to see how it behaves," he said.

"Apparently the rate of infection is not as widespread as we might have thought," he added. The materials needed for the test were provided to Mexico by the United States Centers for Disease Control and Prevention.

Officials at the centers declined to say what the new numbers might mean

"We are continuously assessing new information, but it is still too early to draw conclusions about the extent of the spread of this new virus in Mexico or the severity of disease caused by it," Dr. Nancy Cox, chief of the influenza section, said by e-mail, when asked to comment on the test results.

Dr. Javier Torres, the head of the infectious disease research unit at the Mexican Social Security Institute, Mexico's main public health care system, said that he had been analyzing the past week's influenza statistics.

"The number of those exposed and infected has gone up, and the number of fatal cases has gone down," he said. "We can be comfortable with those facts."

Officials at the World Health Organization, which has declared that a pandemic is imminent, declined to comment beyond saying that the investigation into the outbreak was continuing.

But a public health and infectious disease expert from Vanderbilt University, Dr. William Schaffner, said the test results were "going to change, I think in a substantial way, the image of this outbreak in Mexico."

If the outbreak is much smaller than initially thought, Dr. Schaffner said, "It would, I think, enable the world's public health community to take a deep breath and continue to track the outbreak and reduce the tendency, as the W.H.O. has been doing, to notch up on its pandemic scale."

If the testing also shows that the disease has caused fewer deaths than the 170 or so suspected, Dr. Schaffner said, it might resolve a question that has been puzzling health experts since the outbreak began: why did the disease appear to be so much more severe in Mexico than in the United States? In the United States, cases have been mild and there has been only one death, that of a 23-month-old child from Mexico. Meanwhile, the disease continued to spread to other countries and was confirmed in more American states on Friday. The disease is expected to drop off during the summer, because flu viruses do not thrive in heat and humidity, but it could rebound in the fall and winter. The World Health Organization said that the flu vaccine given to millions of people for the most recent flu season appeared ineffective against the A(H1N1) strain, but that health officials were talking to manufacturers about creating a new swine-flu vaccine, which would take four to six months to produce.

Dr. Marie-Paule Kieny, director of the Initiative for Vaccine Research at the World Health Organization, said that unless the numbers of cases decreased significantly, "it seems mostly likely that the manufacturers will proceed and we will certainly support them."

Officials at the Centers for Disease Control said a decision had not yet been made about whether to manufacture a vaccine, but President Obama said that the government would support it.

New cases were reported in Denmark, France, Russia, Hong Kong and South Korea on Friday, but they were not confirmed by the health organization. The United States reported 141 confirmed cases in 19 states, up from 109 cases in 11 states on Thursday.

Concerns about the disease are having an increasing impact. On Friday, a United Airlines flight with 245 passengers heading from Munich to Dulles Airport in Washington landed in Boston instead because a female passenger had flu symptoms and the airline thought she needed prompt attention, a United Airlines spokesman said.

In New York, the school with the nation's largest cluster of swine flu to date – St. Francis Preparatory School in Fresh Meadows, Queens – was set to reopen Monday after being closed for a week.

Researchers say that some genetic features of the virus may help explain why many cases tend to be mild.

"We do not see the markers for virulence that were seen in the 1918 virus," said Dr. Cox, of the Centers for Disease Control. "However, we know there is a great deal we don't understand about the virulence of 1918 or other viruses that have a more severe clinical picture in humans."

It is too early to know what economic impact, if any, the flu outbreak might have on the United States economy. The Congressional Budget Office estimates that the recession will push this year's national economic output 7.5 percent below its potential level. A true flu pandemic could shave off an additional 1 to 4.25 percent and could have a similar effect on the world's output, too, some economists say.

Denise Grady and Liz Robbins reported from New York. Reporting was contributed by Larry Rohter and Elisabeth Malkin from Mexico City, Keith Bradsher from Hong Kong, and Anemona Hartocollis and Catherine Rampell from New York.

The Idaho Observer

Dr. Sherri Tenpenny

Swine flu: A plan comes together: The sheep obey

Idaho Observer, 1 May 2009
https://web.archive.org/web/20110917032757/http://proliberty.com/observer/20090523.htm

On May 1, 2009, the LA Times reported some amazing occurrences:

• Hospitals on New York's Long Island were scrambling to bring extra workers in to handle a 50% surge in visitors to emergency rooms.
• In Galveston, Texas, the local hospital ran out of flu testing kits after being overwhelmed with patients worried about having contracted swine flu.
• At Loma Linda University Medical Center near San Bernardino, California, emergency room workers set up tents in the parking lot to handle a crush of similar patients.
• In Chicago, ER visits at the city's biggest children's hospital are double normal levels, setting records at the 121-year-old institution.

So far, few of the anxious patients have had more than runny noses. The most disturbing revelations about these scenarios? They knew this was the way we would respond. What was published in 2006 has become fact in 2009.

A study conducted by the Harvard School of Public Health confirmed that public health officials could easily convince most people to alter their daily lives to stem the spread of influenza. "The Pandemic Influenza Survey" documented our willingness to do what we are told after only a little hyping that a deadly global pandemic was eminent.

The 2006 survey included 1,700 Americans. More than 90 percent said they would [willingly] comply with government orders to postpone air travel, avoid public places such as movie theaters and shopping malls, and would keep their children home from school in the event of a flu pandemic. A full 94 percent said they would stay home from work for up to 10 days to help authorities control disease spread

How soon we forget

The word "pandemic" simply means a certain type of virus seems to be infecting persons over a wide area, in this case, several states and a few countries. The word "pandemic" is not synonymous with "massive death," although the media would have us believe that the two are equal. In fact, most persons over 50 years of age experienced the last two documented pandemics and the pandemic scare of 1976. And according to a 2008 report by the CDC, "even those who experienced [the 1957 and the 1968] pandemics do not recall them as particularly memorable events."

Most persons at least 43 years of age will no doubt recall the Swine flu hype of 1976. Starting from a single, infected military recruit, the threat of a pandemic and global death turned into a full-scale media and government circus. For many, the "Pandemic that Never Was" created havoc, death and long term disability. But the mayhem was not the work of a microscopic particle of replicating RNA. The carnage was created by the misguided steps our government and the overzealous drive from CDC officials to vaccinate.

The absolute belief in the effectiveness of vaccines resulted in the disability of 532 people who contracted Guillain-Barre syndrome, a life-threatening form of paralysis. While many recovered in the ensuing months, at least 33 died and up to 10 percent remained paralyzed to varying degrees for the rest of their lives. While vaccine manufacturers reaped the rewards of government handouts to make vaccines and secured legislation to protect them from liability (the Swine Flu Act of 1976), more than $1.3 billion of tax payer dollars were released to compensate those who had been injured by the swine flu vaccine.

For those X-Gens and Y-Gens under-40, ask your parents, grandparents and other senior relatives and friends what they recall about these public health panics. Surely they can shed some light about those moments in American history and their stories will help abate your fears of a "coming pandemic." After all, they are alive to talk about it.

More vaccines on the way

Lessons about bad vaccines are rarely learned and the race to make more experimental doses has never been hotter. In 2005, Congress allocated $3.8 billion to developers with the stated goal of being able to "distribute a vaccine to every American within six months of the onset of a pandemic."

In 2006, our elected representatives went even further to ensure we are vaccinated: They created incentives for manufacturers by funding the Biodefense and Pandemic Vaccine and Drug Development Act of 2005, nicknamed BioShield II.

Along with BioShield II, legislation was passed to amend the Public Health Service Act and establish a division called Biomedical Advanced Research and Development Agency (BARDA) which is is responsible for coordinating and overseeing activities that support and accelerate research and development of countermeasures (i.e vaccines) and other products that qualify as pandemic or epidemic products.

BARDA has budgetary authority to award contracts, grants, and cooperative agreements that will advance the research and development of drugs and vaccines. The creation of vaccines is big, serious business (To see the list of all agencies and federal legislation involved with creating pandemic vaccines and drugs as a countermeasure, spend some time at the website for the Center for Biosecurity).

On March 18, 2009, BARDA requested $1.7 billion for FY 2010 to fund research and development of additional vaccines and drugs. Interestingly, Obama released $1.5 billion of appropriations for pandemic planning in early May, 2009. Although the funds were not specifically earmarked, it is probable that a portion of your tax dollars will go to fund BARDA.

On May 1, 2009, the Working Group of the Infectious Disease Society of America chimed in and requested more funding for the current swine flu outbreak. Commending Obama for releasing emergency appropriations for H1N1, the Working Group appealed to Congress for an additional $1.9 billion to fund the following:

• $870 million requested to expand cell and egg-based vaccine capacity. This money was requested from the previous Administration, but not funded in FY 2008. The money will also be used to purchase antivirals for the federal stockpile and to accelerate the R&D of rapid diagnostic tests;
• $350 million for States and localities to purchase equipment; funding staff and maintain 24-hour disease-reporting hotlines; increase public and clinician education about vaccines; distribute medical countermeasures [vaccines and antivirals], and refill staff positions lost to budget cuts;
• $122 million for State antiviral stockpiles for the treatment of people who become ill; and
• $563 million for States and localities to purchase personal protective equipment and antivirals for prophylaxis of healthcare and critical infrastructure workers.

Marketplace in the making

This is amazing. A $billion here, a $billion there. A close look at these requests and it is apparent where the money flows: Directly into the pockets of the drug companies who make antivirals like Tamiflu and Relenza. The research and development funds will go toward new, novel flu vaccines – shots that much of the public has confirmed it would refuse.

On October 5, 2006, a survey reported by Reuters posted an article called, "Americans doubt need for flu vaccine," by Maggie Fox. The article indicated fewer than half of Americans planned to get the flu vaccine that year, mostly because they do not worry about flu. The survey of 1,000 adults found that just 48 percent planned to get vaccinated that year. Of those who did not plan to get the vaccine, 43 percent said they did not think influenza was serious enough to warrant vaccination and 38 percent felt they were not at risk.

Flu experts called the findings "disappointing" and from that point forward, a full-court press has been on to increase the uptake of annual flu shots. No doubt the fear generated by the potential swine flu pandemic is part of the Play Book to make the flu seem serious enough for everyone to get vaccinated.

However, it appears the latest swine flu buzz is fading away as fast as it materialized. Scientists are coming to the conclusion that the new swine flu strain may actually be less dangerous than garden-variety, seasonal influenza. Even though, by mid-May, there were positive cultures from 331 people in 11 countries and 10 deaths, even the WHO admits the numbers are "extremely small." It is estimated that globally between 3 and 5 million people experience some level of the flu each year. One has to wonder why this has even made the news.

Something bigger?

In January, 2009, out-going Health and Human Services Secretary Michael Leavitt, released a report called "Pandemic Planning VI," a summary of all the steps that have been completed to date in preparation for the next global pandemic. That document has become a suggested a checklist for Department of Homeland Security Secretary Janet Napolitano to complete. If you haven't seen it, it is worth reading, even though it may keep you up at night, knowing what is coming in the form of vaccines, vaccine types and new vaccine adjuvants (available online at www.pandemicflu.gov).

We have had three warm-up rounds: SARS, H5N1 bird flu and now, a "novel swine flu" from Mexico. Is there something bigger in store? There is no way to know for sure, but it is highly suspect. What we can say for sure is that another pandemic test round has passed muster. The media machine did its job, the government handed over billions for more vaccines and vaccine technologies and, of course, many of the sheep obediently put on masks and fearfully ran off to doctors to be tested. When this has run its course, bureaucratic agencies will be slapping themselves on the back, affirming that all the systems worked "as planned." They turned the crank; the world danced to their tune.

For those who hope that one day, an informed citizenry will undertake a serious blow back against the continually escalating government propaganda and media manipulation, I hope most of you find the reports of runs on emergency rooms and the optional mask- and glove-wearing to be somewhere between amusing and annoying.

If we do experience another sizable pandemic – whether the virus is man-made or created by some natural, random reassortment of viral genes – my hope is that everyone will take a deep breath, exercise normal health precautions, increase their Vitamin D, A and E intake, get lots of extra sleep and remember the lessons from history so we do not repeat them.

Dr. Tenpenny is a practicing osteopath from the Cleveland, Ohio area and the author of "FOWL! Bird Flu: It's Not What You Think" (2006). FOWL is a cutting edge expose of the relationship between global environmental conditions, corporate animal and plant crop farming practices and the pandemic prevalence of acute, influenza-like illnesses around the world. Available from The IO for $20 each, FOWL contains foundational knowledge critical to forming qualified opinions about flu scares regardless of the animal species being blamed.

NEWS

Obama: Swine flu may be like ordinary flus

NBC News, The Associated Press, 2 May 2009, 3:59 AM +08
https://www.nbcnews.com/id/wbna30522347

Urging calm but caution, President Barack Obama on Friday said that it is not clear the swine flu outbreak in the United States and other nations is any worse than "ordinary flus." But he said agencies across the government are preparing for the worst.

Even if the new flu "is relatively mild on the front end, it could come back in a more virulent form during the actual flu season," Obama said at the close of a Cabinet meeting devoted to the topic.

The president described a two-pronged U.S. response to the swine flu, a mix of pig, bird and human genes to which people have limited natural immunity.

He said the immediate effort remains to identify people who have the flu, get medical help to the right places and provide clear guidance to both state and local officials and the public. Obama said his government is also doing longer-range work – producing a vaccine, developing clear guidelines for school closings, trying to ensure that businesses cooperate with workers who run out of sick leave, and preparing for requests for aid from other countries.

"I'm optimistic that we're going to be able to manage this effectively," Obama said.

In the United States, the confirmed case count stood at more than 130. State lab operators say there have been more cases than are counted, because officials are not testing all suspected cases, focusing instead on finding new outbreak hot spots and limiting the flu's spread. The flu has reached several countries.

Death rate leveling off in Mexico?

In Mexico, the outbreak's epicenter, new cases and the death rate were leveling off, the country's top medical officer said.

Obama referred to the flu by its scientific name, H1N1. The World Health Organization has stopped using the term "swine flu" to avoid suggesting there's a danger posed by pigs.

"We don't know for certain that this will end up being more severe than other seasonal flus that we have," Obama said. "And it's been noted, I think, before that you have over 36,000 people die on average every year from seasonal flus. You have 200,000 hospitalizations. It may turn out that H1N1 runs its course like ordinary flus, in which case we will have prepared and we won't need all these preparations."

Still, he said, Americans and people around the world have not built up immunity to this new flu strain, "So that's why we're taking it seriously.

LIVEJOURNAL

Теракт "Калифорния-04/2009" – III

Live Journal, 2 мая 2009, 6:48 PM
https://malchish-org.livejournal.com/65581.html

Кто подложил свинью?

Я уже хотел было отойти от темы свиного гриппа до прояснения ситуации. Однако тема сама меня не отпускает. Читатели подкидывают новые факты. Дело "Калифорния-04/2009" разрастается как снежный ком и уже напоминает настоящее расследование. Выясняется, например, что препарат Тамифлю разработала американская фирма Gilead Sciences. Она продала лицензию на производство этого препарата фармацевтическому гиганту Roche, о котором я писал в прошлый раз. Согласно условиям контракта, концерн Roche продолжает выплачивать Gilead Sciences определенный процент от реализации Тамифлю в США и других странах. По некоторым данным 20%. Но самое интересное в том, что в состав совета директоров Gilead Sciences входил Дональд Рамсфельд, глава Пентагона при Буше. Он был одним из директоров Gilead Sciences с 1988 года, а с 1997 года возглавлял его.

В 2001 году, получив предложение войти в администрацию Джорджа Буша, Рамсфельд отошёл от руководства Gilead Sciences, однако продолжал оставаться одним из крупнейших акционеров компании. Только по официальным данным паника по поводу птичьего гриппа принесла ему 5 млн. долларов. Дональд Рамсфельд выгодно продал часть принадлежавших ему акций GileadSciences в 2004 году, в момент, когда цена на акции компании достигла очередного пика. Согласно финансовому отчёту министра обороны США за 2004 год, ему тогда удалось заработать только на этой сделке более $ 5 млн. Однако и после этой сделки Рамсфельд продолжает располагать 25-миллионным пакетом акций Gilead Sciences. Кроме того, после падения цены на акции, Рамсфельд мог вернуть и проданную часть, заработав на колебании курса акций как обычный биржевой спекулянт.

Известно, что в США работы по проектам "Геном человека" и "Геном ради жизни" финансируются преимущественно по линии Минобороны США. Именно этому министерству Конгресс выделяет миллиарды долларов якобы на защитные мероприятия от "птичьего гриппа". На финансирование гражданских исследований в 2004 г. было выделено 40,2 млрд. долл., из них на биологические и медицинские науки - 25,7 млрд. долл. Для сравнения: на машиностроение - 8,2; физические науки - 4,7; охрану окружающей среды - 3,5; математику и компьютерные исследования - 2,6; другие точные и естественные науки - 1,4; социальные науки - 1,4 и психологию - 0,86 млрд. долл. =>
https://web.archive.org/web/20090531174333/http://www.vpk-news.ru/print.asp?pr_sign=archive.2006.131.articles.rostrum_01

Итак, что мы обнаружили? Бывший глава Пентагона США оказывается "материально заинтересован" в пандемии гриппа! Не более и не менее. И долгое время у него в подчинении были секретные лаборатории из Института патологии Вооружённых сил США и центра по контролю за инфекционными заболеваниями, то есть те, что занимались восстановлением и изучением вируса "испанки". Есть мотив и есть оружие. Суд присяжных уже бы приговорил Рамсфельда к длительному тюремному заключению. Правда и у защиты ещё есть шансы - на оружии нет отпечатков пальцев обвиняемого. Достать мог, выстрелить мог, отпечатков нет. Однако и "отпечатки" есть!

Случай с Baxter International, в вакцине которого обнаружили настоящий птичий вирус H5N1 в комбинации с человеческим H3N2 уже можно считать таким отпечатком. Baxter пару лет назад получил штамм вируса птичьего гриппа из Индонезии с обязательством сделать для него вакцину, но "случайная ошибка" производителя вакцин могла вместо этого привести к пандемии смертельного для человека гриппа. Мало того, что Baxter International придерживается системы BSL3 (Уровень Биологической безопасности 3), по которому путаница просто невозможна, так и комбинация обнаруженных в "вакцине" вирусов имеет совершенно не случайный характер.

España | europa press

Éste es el resumen de las principales noticias transmitidas hoy, sábado 2 de mayo, por el servicio Internacional de noticias de Europa Press hasta las 08.00 de la mañana:

El Ministerio de Salud mexicano ha reducido de 176 a 101 la estimación de muertes por posible contagio del virus A (H1N1), según explicó el jefe departamental José Ángel Córdova, quien tan sólo da por confirmados 16 fallecimientos.

Europa Press Nacional, 2 mayo 2009, 8:00
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Madrid, 2 May. (Europa Press) -

Éste es el resumen de las principales noticias transmitidas hoy, sábado 2 de mayo, por el servicio Internacional de noticias de Europa Press hasta las 08.00 de la mañana:

Gripe. - El Ministerio de Salud mexicano reduce la estimación de posibles muertes por nueva gripe de 176 a 101

El Ministerio de Salud mexicano ha reducido de 176 a 101 la estimación de muertes por posible contagio del virus A (H1N1), según explicó el jefe departamental José Ángel Córdova, quien tan sólo da por confirmados 16 fallecimientos.

Gripe (2).- El Gobierno mexicano eleva a 397 el número de infectados de nueva gripe y a 16 el balance de muertos

El ministro de Salud mexicano, José Ángel Córdova, actualizó a última hora de ayer (madrugada en España) el balance de afectados por la nueva gripe en el país norteamericano para elevar tanto el número de casos confirmados, que ascienden ya a 397, como el de muertes, situado en 16, doce de ellos mujeres.

CDC Web Archive

Dr. Anne Schuchat

CDC Briefing on Public Health Investigation of Human Cases of H1N1 Flu (Swine Influenza)

2 May 2009, 12:00 p.m. EST

https://www.cdc.gov/media/transcripts/2009/t090502.htm
https://web.archive.org/web/20230405163629/https://www.cdc.gov/media/transcripts/2009/t090502.htm

=> reports from Mexico are – appear to be encouraging

Dave Daigle: Good afternoon. I'm Dave Daigle, the deputy for media relations at CDC. Today Dr. Anne Schucat is here, director of the National Center for Immunization and Respiratory Diseases, will provide an update on this ongoing outbreak.

Anne Schuchat: It's nice to see all of you on a Saturday, joining us here today for the daily update. I think people in the media we've been hearing a little bit about we're out of the woods, it looks like this is ending. And I want to say that while **reports from Mexico** are – appear to be encouraging, and some are cautiously optimistic, we can't afford to let down our vigilance. We have information that this novel virus continues to spread and with increasing cases, and increasing states affected and we are acting, as President Obama said this morning, actively and aggressively. Our highest priority is the safety and health of the American population. And we really want to make sure we're staying ahead of things.

Today's case counts, 160 confirmed U.S. cases. They occur in 21 states. The individual state case counts are on our website every day at 11:00 in the morning. You can check for the details there. Median age of cases remain fairly young at 17 years of age with a range of 1 to 81. The majority of the cases are younger than 20. The most recent known onset is April 28. So the case is continuing and the counts continue to go up. As we've all been saying we're focusing a lot less on the individual numbers and on the pattern. And what we see is continued illness in contacts of people who have been ill from clusters in schools that you've heard about. We've continued to ask the question about how severe this particular strain of H1N1 influenza virus is and will evolve to be here in the U.S. Those are important questions that we continue to look at. The response continues with the focus on making sure people who are sick stay home, that people don't fly or use public transit when they are ill but that it's totally fine to be out and about when you aren't ill with respiratory symptoms. We are thrilled people are washing their hands more, and we don't want people to lose their vigilance about that because that continues to be important. As we've said, we've been deploying our strategic national stockpiles to the state and private areas and we've got delivery in 30 of those states and the vast majority of the population is affected. And by the end of tomorrow we will have completed the deployment of the assets.

Because of the day, I want to keep my remarks fairly short and just focus on questions. I think as you know we've been thanking a lot of people over the days behind us. We've been thanking the media for your help in getting the story out, thanking the incredible workers helping to respond to this challenge at the front line helping respond to this challenge, thanking the CDC workforce for the night and days they're putting in. Today, we would like, on behalf of the CDC workforce, we would like to thank the families of the CDC workforce and those who are keeping their spirits up while we are here. With that, I'd like to answer questions that you have. Okay. Over here.

Cece Connolly: Cece Conley from the "Washington Post." I know that you've spoken in recent days about how there will be local decisions with respect to school closings. But along those same lines, do you have guidance for, say, businesses, government offices, that may have cases and is there any reason – I notice schools are now talking about closing for 14 days. Is there thinking that children carry the virus longer? That seems like a long period of time.

Anne Schuchat: Yeah. Thank you. The guidance-- we have been updating our guidance regularly. And in addition to guidance for schools, we're trying to make sure there's information for other circumstances. So the situation with the business community or other workplaces is one that we're attuned to. We've been actually doing outreach calls to the business sector. I think we had several hundred business organizations on calls the other day reaching out to them about the questions their members had and how we could better reach their constituencies. We think the basics apply to those circumstances, keeping – staying home when you're ill with respiratory symptoms. And I think even the president calls for permissive leave policies to help us manage this particular situation. The school guidance that was updated to suggest a 14-day period, that [inaudible] reflecting the information about the duration that a child might be – continue to be infectious. The shedding of the influenza virus is longer in young children than it is in adults. Now, the information for high school-aged children may not be that complete. But with an abundance of caution, 14 days might be more prudent. I want to say that all of our guidance, particularly that for schools, school dismissals, we really want to respect the local jurisdictions, the local authorities who understand the circumstances on the ground and the challenges of these interventions. Our goal is for intervention to be evidence-based and to be no more harmful than the virus. We want to make sure we are having a net benefit. So issues such as the school dismissals are ones that we're actively reevaluating as we get more information. Okay. Yes? Mike?

Mike Stobbe: Good morning, Doctor. Mike Stobbe from the AR Two days ago, when Dr. Besser was here he said there might be more information on a couple topics, one of them ER visits. Did you end up getting more information on that. And a follow-up?

Anne Schuchat: Sure. We have systems in the state and local systems have some systems and we do see an increase above baseline in visits to some emergency rooms for influenza-like illness through our biosense surveillance system. So we do see some of that. It's difficult to interpret whether that is illness or the so-called "worried well". And that's something we're trying to look into a little bit more. With the help of the media, a lot of people know this is going on and are wondering is that cold or cough something I need to take seriously. Though we have seen a few – not every emergency room that we're tracking, but we have seen a number of sites an increase over the baseline for this year in influenza-like illness visits. It's more that, you know, I would say many of our biosense sites, but not the majority of them, are seeing an increase. But I don't have numbers such as looking at main. But it's many individual sites.

Mike Stobbe: The new case count today.
Anne Schuchat: Right.

Mike Stobbe: What are the two new states and the hospitalization numbers? Also, do you have any more information on how many of the cases have been to Mexico?

Anne Schuchat: The two new states, I'm going to have to refer you to the website. It is on that. Maybe by the end of this we can check on that. The Mexico connection, for cases that we have good information on, which is a moving target, it's about a third of them. The majority of cases, the important point is the majority of cases don't have direct contact with Mexico. They didn't travel to Mexico. It is much more likely that people are getting this particular infection now from somebody who has no – from somebody within their own communities. You know, we do think there is sustained transmission here in the U.S. I'm sorry. Can we go to the phone for the next question?

Operator: As a reminder of the phone, Star 1 to ask a question. The first question is from Jeffrey Weiss from "Dallas Morning News." Your line is open.

Jeffrey Weiss: Yeah. Here in north Texas we've had fairly different responses from the local health departments. In Dallas county, some events that were planned are going on. In Tarrant County, Fort Worth to our west, at the advice of the local health authorities, some events have been closed down. What can you say about what guidance you're giving to the local health officials and how people should interpret what at least appear to be inconsistencies from one location to another?

Anne Schuchat: The situation these days can be confusing for parents and for readers or viewers to see one thing in one community and another thing nearby. CDC has issued guidance around school dismissals aimed to provide information that could be used by local authorities, but we do respect the role of local authorities to understand what makes sense. Our guidance suggests that if there's a *confirmed or probable* case of the novel H1N1 influenza virus, that authorities consider dismissing students and that be for up to 14 days but with regular reevaluations of the circumstance. I think we're all optimistic that in the next several days we'll be able to understand a bit more about this and know whether that particular intervention is appropriate, if it's too much or too little in terms of an intervention. But we do think that other things may make sense. It's a balance. There are lots of benefits to the students and the community for students being in school. And certainly if you dismiss students and then they go congregate somewhere else, they're really not getting the benefit of the school or school lunches but all the risk of being around a lot of other kids. So the importance of the dismissal idea is to try to have very few contacts between children so we really don't get the virus spreading widely within the school. Local jurisdictions may consider things like how many students have already been sick. Are we seeing a problem at the end of local outbreaks or is it really the beginning. Is it a time where this intervention might have the most benefit or is it really too late for it to help. The goal of the social distancing efforts is to try to decrease the ongoing numbers of cases and to shift them to a later time by slowing transmission with the thought that if we can delay the onset of some of these illnesses we have more time to prepare a vaccine or for summer and perhaps relief from the warmer months when influenza is less likely to circulate. So another question from the phone?

Operator: Another question from Helen Branswell with the Canadian Press. Your line is open.

Helen Branswell: Thanks very much. I was wondering, Dr, Schuchat, if you know how often are anti-virals being used to test the cases in The United States? In the old days we heard that most people hadn't needed them and had recovered. Are they now being regularly given, or what's going on?

Anne Schuchat: Thank you for that question. I want to stress that the anti-viral medicines that we have in our Strategic National Stockpile that we've deployed to the states are primarily intended for treatment of influenza. And at this point mostly the focus is on treating severe symptoms, treating people who are ill with more severe presentation or people who have higher risk of complication from influenza, such as women, young children, people with underlying medical problems. There are some circumstances where preventive use of anti-viral medicines may be recommended, very special circumstances considered high risk with a high-risk patient or person. In terms of the use of anti-viral drugs, I can't tell you exactly what's going on. I can tell you we had one surveillance system that was designed to monitor early warning of whether there was influenza uptake by tracking the prescriptions that are filled for antibiotic viral drugs. And that system is no longer useful because we saw such a big increase in prescriptions really probably from concern rather than necessarily from use in actual treatment. So I should also stress that oseltamavir, Tamiflu and Relenza, zanamavir are both commercially available and they're also available through the Strategic National Stockpile. And we're told by the manufacturers that they are producing more and we should be able to have adequate supplies for treatment. As you know, yesterday I think we shared that the secretary of HHS had purchased – moved ahead with the purchase of 13 million anti-viral drugs to replenish the stockpile. Another question. Let me do the room next. Okay.

Reporter: [inaudible] here in Atlanta. What is the latest on cases here in Georgia, confirmed cases? And the communities that have possible cases out there, what advice are you giving them right now even if they are not actually confirmed?

Anne Schuchat: Yeah. For the specifics of the Georgia cases, we suggest you contact the Georgia health department. They'll have the best information about where things are. As we mentioned a couple days ago, right now the states have the capacity to do that laboratory testing and finalize whether this is or isn't the new H1N1 strain. So they may know before we do what's going on and the circumstances. In communities where a *confirmed or probable* case has been reported, you know, my key message is the same as in communities where it hasn't been reported. If you have fever and respiratory symptoms, don't go to work or school. Don't infect others. If you're feeling fine, make sure you wash your hands regularly or use alcohol hand gels. That seems really basic, but it's a really effective way to reduce respiratory infection. And everybody has a role to play. The other thing that we think is important for community members is to stay informed because your own community may have issues and recommendations. Some places are changing guidance in and around schools or community gatherings, for instance, and it's really important to know what's going on where you live. At this point we don't have national guidance on those community gatherings and types of events but it's important to stay aware of what's happening in your own community. Let's go back to the phones. Operator: Next question comes from Olivia Hampton with AFP. Your line is open.

Operator: Next question comes from Olivia Hampton with AFP. Your line is open.

Olivia Hampton: Hi. I just wanted you to confirm for the new cases, does that include the toddler who died?

Anne Schuchat: We had previously mentioned a toddler who died, unfortunately, from Texas. Yes, I believe that's part of this total of 160 that we're describing. We don't – I'm not aware of any additional deaths that are laboratory confirmed due to this virus. We continue to look for them. And I will not be surprised if we find additional severe cases or additional deaths. Remember that seasonal influenza causes about 36,000 deaths every year, 200,000 hospitalizations, millions and millions of infections. So even if this virus behaves quite similarly to seasonal influenza, we would expect a range of mild to severe and even fatal cases. Next question back there at the camera.

Reporter: [inaudible] CBS Atlanta. You started off your comments with some of the public thoughts that were maybe out of the woods. Can you talk a little bit about why that concerns you and where the happy medium is between panic and being very blasé about the whole thing.

Anne Schuchat: Yeah. I think it's really challenging to find that right balance to stay alert and attentive and take those important steps personally or in your own communities. What I want to say is that we have a new influenza virus. It's spreading. We don't know as much as we'd like to about the way it's going to behave in our communities. And we're learning a little bit more each day about the way it behaved in Mexico. But the picture is still very incomplete. Here in the U.S. we're trying to act aggressively and quickly so that if it does turn out to be a moderate or severe influenza strain, that we're prepared, that we have the research and the trained people that can reduce the spread. So I think I don't want people to feel like they don't have to be aware of it because it may be that the common illness is going to come to the community soon. Also, severe symptoms and illness are such that you should seek medical care and make sure that you do get treated. We don't want people to be – you know, it's very difficult tracking the media or tracking different messages to understand what level of concern to have. I just hope we can give you the facts as we find them out.

Next question from the phone.

Operator: Next question, Joanne Silberner with NPR. Your line is open.

Joanne Silberner: Hi. Thanks. It seems like the local reactions are primarily to close schools but leave other institutions alone. But, epidemiologically, have schools shown to be [inaudible] of contagion?

Anne Schuchat: There has been modeling done the last several years. We have invested in preparing and understanding pandemic for influenza. One of the findings was that we know some

things from seasonal influenza and some things from studying pandemics from the past century. Schools – well, children are very common reservoirs for infectious diseases, including infectious viruses like influenza. They tend to have lots of social contacts more than adults. And they – somebody is laughing here because we know what kids are like. And they also shed the virus longer than adults do. So those circumstances, the frequent social contact, the close proximity in schools, and then the longer period of shedding often without even having symptoms are such that transmission can move quickly through a school and it may take a longer time to go through different kinds of institution or workplace or community. So some of the modeling about what we call community mitigation or that attempt to really slow spread within a community suggested that schools would be a valuable intervention point. This may not be the case for every influenza virus or every pandemic or potential influenza virus, but the modeling effort suggests this was a promising (*Editor's Note: This is a correction*) area where we thought about social distancing.

There are other parts of the armamentarium, closing mass gatherings, teleworking, this type of thing. But it was one of the interventions that although potentially very disruptive, could have a payoff. We're, in fact, working with infectious disease modelers on this response effort. We have brought some of the best infectious disease modelers to bear on this question, people who have really been looking at influenza transmission and trying to apply it to the current circumstance. And we're, you know, trying to use our real-time data and their models to understand where our interventions will be the most useful. The next question from the phone?

Operator: Next question Elizabeth Allen with "San Antonio Express-News." Your line is open.

Elizabeth Allen: Good morning. I had a clarification question. We've had reports that a special-- I know that CDC officials are already in Texas, but we had a report that a specialized team was sent to California and that San Antonio officials have requested one to be sent here. I was wondering about that, and also if that group deployed, if that would have any affect on the bottleneck of testing?

Anne Schuchat: Okay. I didn't hear all of that, but this is about teams being deployed to the field or the laboratory or general teams being deployed?

Elizabeth Allen: I think for the laboratory.

Anne Schuchat: Right. Okay. I can say that we've been working to make sure that we can reduce the bottlenecks on laboratory testing. One thing we did early on was send laboratory experts to Mexico to help there so they were able to establish the ability to test for this virus on site in Mexico. I think I'll need to get back to you whether we have laboratory staff in the field in San Antonio or California. I'm not remembering whether that's happened. But I think someone has told me about that possibility. The big thing we've done is to ship out these new kits for this new virus to the public health laboratories so they can do the testing beyond the probable stage, to the confirmed stage, and we hope that will reduce some of the bottleneck here in Atlanta. We're also trying to analyze the bottlenecks and understand where the issues are. I think we're in communication with the Association of Public Health Laboratories who are really, you know, terrific in networking and understanding the situation. And I hope we'll be able to address these bottlenecks. To me, however good our response is, we can do better. And I really want to make sure that we hear what the problems are and we fix them if we can. Is there a question from the phone?

Operator: Another question [inaudible] with "Miami Herald." Your line is open.

Reporter: Thank you. Could you, again, on the school closings, could you elaborate – are you saying that the virus lasts longer in children and that's one reason that you recommend that they close for up to 14 days?

Anne Schuchat: The shedding of the virus is one way that it spreads. Certainly when you're actively infecting and coughing and sneezing, that's pretty much how you're going to spread the virus. But you can still have virus in your body without having any symptoms. And children are – it turns out virologic studies suggest that children can shed the virus longer, probably because of their immune

status, for instance. But we don't know for sure for this new virus if that's the case. The change from 7 to 10 days to 14 days was to recognize that if we are trying to wait for children to recongregate until after transmission likely to have ended we should go on the longer side. But I do want to say these are interim (Editor's Note: This is a correction) guidance on the school dismissals, some of the modeling that had been done, the development of our community mitigation strategies included many different durations for school dismissals depending on the severity of a pandemic. If you have a severe pandemic like a Category 5 or the 1918 pandemic, schools could be dismissed for months. The 14-day idea was what we know about the influenza virus and making prudent recommendations. But I do want to say those are being evaluated.

Okay another phone question.

Operator: Next question from Betsy McKay with "The Wall Street Journal." Your line is open.

Betsy McKay: Hi. Thank you, Dr. Schuchat. I wanted to follow up on something that I think you mentioned yesterday about testing samples which, if I understand it correctly, was about the fact that eventually, you know, the number of cases announced well may be already – not every sample would be tested and confirmed as this strain of H1N1. So if I understood correctly, I wondered if you could talk about, you know, why it's not possible to do that and, for an individual, how important is it to know if the illness that they have or had is this particular strain. If they want to know if they had the antibodies and are immune to it going forward, is there any way for them to find out? I also wanted to ask-- I know Mike asked about hospitalizations-- and I may have missed the answer-- if you know the number of hospitalizations there have been thus far. Thanks.

Anne Schuchat: I believe that the number of hospitalizations now is 13. Is that right? Okay. 13. But I think it's – we can double-check if that's *confirmed or probable.* That's confirmed only. Okay. We can double-check on that. We are seeing hospitalizations. We haven't talked that much about them, but we are seeing them. And, you know, it's important to remember that with seasonal flu we have 200,000 hospitalizations each year generally in people who are very young or very old with complications or other clinical illnesses. The value of knowing whether the respiratory infection that each individual has is caused by this new virus is different in different periods. At the beginning of our detection of this concern, it was important to know when the strain had arrived in the community, when did we see – and certainly that's the case internationally. Countries that haven't detected it really need to know do we have anybody with this. But testing priorities change over time.

The good thing right now is that the treatment recommendations for this particular influenza virus are actually a little easier than for seasonal flu. The virus that we've got is sensitive to oseltamavir, Tamiflu and Relenza. So for severe patients, patients presenting with severe illness or people presenting with respiratory symptoms with underlying risk factors, the treatment of this infection could be done without knowing specifically which influenza strain they have. So I think for an individual it's really of less relevance of treatment, for instance, than it would have been at the beginning when there was not yet confirmed disease in a particular case. We are pulling together our clinical experts and influenza experts with the diagnostic recommendations and different circumstances. When we had done our pandemic planning, we always intended to change the way the diagnostic tests are used at different periods. It tends to test at the beginning and a little bit less intense later on, trying to understand changes. We're using our – one of our ongoing surveillance systems, the influenza-like illness sentinel providers to understand what's going on over time. There are physicians around the country that actively collect specimens for virus testing for people with influenza-like illness and report conditions to us. So we're using that network to understand are the illnesses going up or down and is the proportion of those illnesses that are caused by this virus changing. So that's the system that we'll probably in the next week or so want to tell you a little bit more about. Okay. So two more from the phone?

Operator: Next one is Andrew Quinn with Reuters. Your line is open.

Andrew Quinn: Hi. I'd like to return to **the Mexico situation**. Their health minister said today he believes their **outbreak is stabilized**. I was wondering if, looking at their numbers, if you would agree with that and, if so, what might that suggest about the course of infection in this country?

Anne Schuchat: You know, I am encouraged by what I have heard about the reports from Mexico, but I want to say that we are remaining vigilant and we have seen times where things appear to be getting better and get worse again. You may remember in 2003 in Canada, as they were dealing with the SARS outbreak, they thought it was really all clear and then found that they had a big second wave in terms of nursing homes that had cases and continual spread. So I think in Mexico we may be holding our breath for some time but remaining vigilant is the course. And I think the situation of SARS in Canada – we should be mindful of it – It reminds us how important infection control is in the hospital settings around the world and remaining attentive to changes. In particular with the new virus like this we don't know exactly how it will behave over time or as it changes. Okay. So last question here in the room. Yes? Sorry.

Reporter: - Conley. I wanted to follow up on Betsy's question a little bit. Because I think maybe what she was asking there was the notion that right now we don't have any underlying immunity to this new strain of virus. And so is it perhaps worthwhile to know if you've been exposed because perhaps that would mean in the future you might have a little bit of built-up immunity?

Anne Schuchat: Right. That is an important concept, and we've been talking about that as well, the idea of whether a certain percentage of our population is infected with this virus this year – will that mean we won't be at risk for it next fall. There are many different ways to get at that type of question, including population surveys, virologic surveys. I can say that one of our priorities is to try to develop a virologic assay (*Editor's Note: This is a correction*) as to whether someone has been exposed to this virus and made antibodies. I'm told by experts that it might be pretty difficult to do that. So it's on our list of things we're working on, but we can't promise we'll have a tool that will help us predict the situation. Yes, I do think there are – it can be valuable, especially when we're going forward and thinking about that, who might need it, who has already been exposed to understand exactly how much illness we've gone through in the country. So – okay. Dave Daigle: I want to thank everybody for coming out. We will do a briefing tomorrow as part of our daily briefing cycle. It is 13 hospitalizations among confirmed cases.

End

The New York Times

Elisabeth Rosenthal.

Swine Flu: First, Sow No Panic

The New York Times, 2 May 2009, (3 May 2009, p. WK 3)
https://www.nytimes.com/2009/05/03/weekinreview/03rosenthal.html

Wash your hands.
I know this sounds silly, but *it is far more effective* at preventing flu than having a dose-pack of Tamiflu in the medicine chest. Take it from a doctor, mother and reporter who covered SARS as well as bird flu where they were most virulent.

In 2003, as SARS was spreading across Asia, I was posted in Beijing. Many families fled. My children's school – the International School of Beijing – was one of the very few in the city to stay open, although my daughter's class of 25 dwindled below 10. For the children who remained, the school instituted strict policies – the ones that schools promote all the time but never really enforce. For parents, the first was: Don't send your child to school sick. For students, it was: Wash your hands frequently and thoroughly during the day – before meals, after recess. No one got SARS. But more than that, the stomach bugs and common colds that are the bane of elementary schools all over the world disappeared as well.

If hand-washing is the first lesson of the SARS epidemic to apply to today's swine flu outbreak, the others are: Masks, the symbol of protection, are only rarely useful. And enjoy being outside; it's not where you will get the flu.

I hate seeing pictures of people in Mexico riding bicycles and walking down the street in masks. Infectious diseases are not transmitted well outside and in sunlight. As a doctor and as a reporter, my cardinal rule is to interview sick people with infectious respiratory diseases – from garden-variety flu to tuberculosis to bird flu — in open spaces. That sometimes means an open-air hospital ward. So yes, avoid crowded, closed spaces in places where there may be danger.

Also, avoid touching things that lots of other people touch – door knobs and escalator handrails, for example – and then touching your nose or mouth. Having worked in an emergency room, I got into the habit.

Masks are for when you can't avoid a closed space during a serious outbreak – when, say, you need to travel by a crowded bus or plane or subway. In 2003 I had a mask in my bag as I traveled to severely affected cities across Asia, but wore it only rarely. When transmitting an infectious disease through the air, a patient is generally sneezing or coughing. During the height of the SARS outbreak in China, if a nearby passenger exhibited symptoms, I moved to another part of the subway or plane.

I can tell you from my experience in Beijing that having an **entire city of masked people** is devastating to the social fabric. It is hard to have conversation through a mask – you can't see smiles or frowns. Also, not all masks are equal. A good mask, well fitted and worn properly, is uncomfortable and hard to breathe through. And wearing a mask casually draped over your ears is more of a totem against disease than a scientifically valid form of protection.

In a normal season in the United States, tens of thousands of people die of complications of influenza. A baby's death in Texas or the 200 people who have succumbed in Mexico are tragic cases, but not by themselves worrisome totals. They could even suggest that this strain of swine influenza is quite mild. We have no idea how many people came down with lesser infections – presumably a huge number – that went unrecorded by the public health system. More data is needed to sort this out.

Which is why public health officials are frantically performing contact tracing and surveillance to track where the outbreak is going. It is the best way to head off something worse and help society prepare. But watching them perform this important business should be reassuring, not a reason to panic.

Even with SARS, which had a high death rate (1,000 people died and about 8,000 fell ill), you could argue that the most profound consequences were economic. Panicked people canceled conferences and trips throughout the region for months afterward, devastating local economies.

Too little information as well as too much can be dangerous.

In 2003, China created panic by trying to cover up the SARS outbreak, denying at first that it had hit Beijing. The vacuum of good information led to wild rumors. The danger was everywhere and nowhere. People left Beijing and stayed away for months because they didn't know if the risk was huge or small. I remember villages in the countryside setting up SARS screening programs. Villagers would stop cars and stick a thermometer in your mouth or behind your ear to gauge whether you were infected.

It was a great way to spread whatever was out there.

With swine flu, rightly and thankfully, we're in full-disclosure mode. We get nearly minute-by-minute statistics. But people should understand exactly what information they are receiving. Potential pandemics make good headlines; hardworking scientists do not. People wearing masks make for great pictures; a school in Queens where children are returning to their classrooms does not.

As a physician, as a student of public health and even as a journalist, I cringe when I see the swine flu, or H1N1, called "the deadly virus." Evidence to date does not suggest that it is any more deadly than the average flu. And there is this sentence that I have so often seen: The World Health Organization has not declared a pandemic yet. The sentence would be fine – and impart just as much known information without presuming what the future holds – if it dropped the final word, "yet."

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Mexican expert warns not to use aspirin to ease H1N1 flu symptoms

ChinaView, 2 May 2009, 09:55:34
https://web.archive.org/web/20090808151127/http://news.xinhuanet.com/english/2009-05/02/content_11297805.htm

Mexico City, May 1 (Xinhua) – An expert from the National Autonomous University of Mexico (UNAM) on Friday warned patients with A/H1N1 flu symptoms not to take "acetylsalicylic acid" (aspirin), as it can produce sever damage to liver.

"It has been observed that in some cases, mainly in children who had influenza, after they took aspirin, they developed the "Reye" syndrome, which means severely damage of liver, and it can produce fatal consequences," Susana Lopez Charreton said.

Lopez suggested the infected people with the possible A/H1N1 flu symptoms "to avoid that analgesic" to avoid complications.

"In case of high fever and headache it is better to take acetaminophen or paracetamol, which are analgesic commercially known as Tylenol or Tempra," Lope said.

She also suggested people with the flu symptoms, which are high fever, headache, running nose and muscle pain, to immediately go to hospital.

The World Health Organization (WHO) said on Friday that the total number of lab confirmed human infections of influenza A/H1N1 has reached 365 as of 1900 GMT Friday.

Mexico reported 156 cases with 15 dead, the U.S. has reported 141 cases with one dead, while Canada has 34 cases, Spain 13, United Kingdom 8, Germany 3, New Zealand 3, Israel 2, Austria 1, The Netherlands 1 and Switzerland 1, the WHO said.

TORONTO STAR

Steve Rennie, Bob Weber, Helen Branswell

Alberta hogs have flu virus::

Pigs at an Alberta farm caught the same swine flu strain that has sickened hundreds of humans around the world, federal officials said Saturday

Toronto Star // Canadian Press, 2 May 2009.
https://www.thestar.com/life/health_wellness/2009/05/02/alberta_hogs_have_flu_virus.html

Ottawa. – Pigs at an Alberta farm caught the same swine flu strain that has sickened hundreds of humans around the world, federal officials said Saturday.

A farmhand who travelled to Mexico and fell ill upon his return apparently infected the pigs with the H1N1 influenza virus, said Dr. David Butler-Jones, Canada's chief public health officer. "So far, basically what we're seeing in the pig is the same strain as we see in the humans," Butler-Jones said.

"The concern is that if it's circulating in a pig herd, that any other humans that come onto the farm might be exposed and be at risk."

This is the first time this swine flu virus has been found in pigs.

The farm worker returned to Canada from Mexico on April 12 and had contact with the pigs two days later. About 220 pigs in the herd of 2,200 began showing signs of the flu on April 24, said the country's top veterinary officer, Dr. Brian Evans of the Canadian Food Inspection Agency.

All of the pigs are recovering or have recovered and the farm worker has also recovered.

One other farm worker subsequently fell ill. It's not yet known if that person caught the swine flu.

Bulletins were sent to Alberta pork producers warning them of the possible danger that swine flu could present to their herds on April 24, said Gerald Hauer, the province's chief provincial veterinarian. But by that time, the farm worker was already back from Mexico and on the job at the 2,200-hog operation.

"He was in the barn, doing his work on April 14," Hauer said.

The farmer notified provincial officials that an unspecified number of his animals were showing flu symptoms on April 28. The barn was quarantined later that day and remains under quarantine. No other area hog barn has been effected. The hogs, said Hauer, are on the mend.

Also on Saturday, Mexico's health secretary Jose Angel Cordova said the number of confirmed swine flu cases has risen to 473, including 19 people who died.

Alberta agriculture minister George Groeneveld said the outbreak shouldn't affect Alberta's export markets. "Border closures are certainly unwarranted," he said. "We'll see what transpires.

"(The Americans) at this point have no problems with the export of our pork."

Alberta farmers raise about 1.6 million hogs. They exported about 600,000 of them last year, for sales of about $50 million.

Still, Saturday's news was a chilling reminder of the 2003 BSE outbreak, which shut down exports of Canadian cattle for more than a year. "Food safety is not an issue in this case so hopefully we'll deal with science here and not emotional issues," said Groeneveld.

The virus has shown no signs of mutation when passing from human to pig, Evans said.

"At this point in time, the issue of this being a human virus, having been introduced to the pigs, and the characterization of this virus, shows it is still that virus," he said. "There's been no adaptation identified through the transfer from humans to pigs at this time."

The herd affected has been placed under quarantine. It's not yet known what will happen to the pigs. It's common to see influenza in pigs and human transmission to pigs is known to occur, Evans said. Normally detecting influenza in pigs would not generate a response from food safety officials, but with an international flu outbreak, the current circumstances are different, Evans told a news conference in Ottawa. "The chance that these pigs could transfer virus to a person is remote," said Evans.

The swine H1N1 virus, a never-before-seen combination of swine, avian and human genes, is believed to have jumped to humans sometime back and has been passing person to person.

The World Health Organization has insisted there is no evidence that pigs are passing the virus to humans, or that eating pork products poses an infection risk.

Herman Simons, a spokesman for Alberta Pork, a producer's group, said the main worry is the possible effect of the discovery on exports. "That's our big concern," Simons said. "The biggest concern is it may impact exports of live animals into the U.S."

In 2008, total Canadian pork exports were valued at $2.7 billion, including nearly $527 million worth of Canadian live swine exports.

In a statement, Agriculture Minister Gerry Ritz said met with his American counterpart, who assured him the U.S. will not close its borders to Canadian pork exports.

Earlier this week, the World Health Organization dropped the term "swine flu" – a nickname that angered pork producers and led to a drop in pork sales – in favour of its scientific name: "H1N1 influenza A."

Meanwhile, Canada's swine flu caseload swelled Saturday to 85 cases as health officials confirmed a host of new cases in Nova Scotia, Alberta and Quebec.

Public health officials say Nova Scotia has 17 new cases of swine flu, as jurisdictions across Canada are starting to report the widening spread of the illness.

Dr. Robert Strang, chief medical officer of Nova Scotia, said at a news conference Saturday that of the new cases in the province 11 are students who were exposed to the virus at the private King's Edgehill school in Windsor, N.S.

The other six were tested in doctors' offices in the Halifax area, suggesting the virus has jumped from being isolated in a small town to Atlantic Canada's most densely populated city.

There are now 31 cases in Nova Scotia, making it the province with the largest number of confirmed cases in the country.

Meanwhile, seven new cases have been reported in Alberta, doubling that province's count to 15. Two women, one man and a girl became Edmonton's first to come down with the disease. One woman and a boy were also diagnosed with swine flu in northern Alberta. Another woman in Calgary has also come down with the disease. None of the cases have required hospitalization, said Alberta Health.

Strang says he is uncertain whether any of those infected in Halifax had contact with students from the private school, or if they contracted the illness from other sources. He says further tests are needed, and he'll know more in a few days. "This is not a surprise. We fully expected to see more cases, as I've been saying all week. We also expected it would spread beyond King's Edgehill school," said Strang, after announcing the new numbers. He added there have been no reports that any of the people with the flu have been hospitalized.

Though he emphasized that to date most cases are mild, he also urged Canadians to be cautious. "I ask people to be extra vigilant and to take precautions around general hygiene. That means washing hands thoroughly and often, coughing and sneezing into your sleeve and disinfecting tables and worktops," he said.

Meanwhile, new cases have also been confirmed in British Columbia, Ontario and Quebec.

Health officials in Quebec confirmed the province's second case of the flu strain, a school-age child who recently returned from a trip to Mexico. Quebec's first case was confirmed in Montreal earlier this week.

British Columbia reported three more confirmed cases Saturday bringing the total in the province to 22. All the cases have been mild and the patients have either recovered or are recovering.

Two more confirmed cases were reported in Ontario, bringing that province's total to 14 cases.

The new Canadian cases came as the WHO announced it will release 2.4 million anti-viral doses to 72 countries.

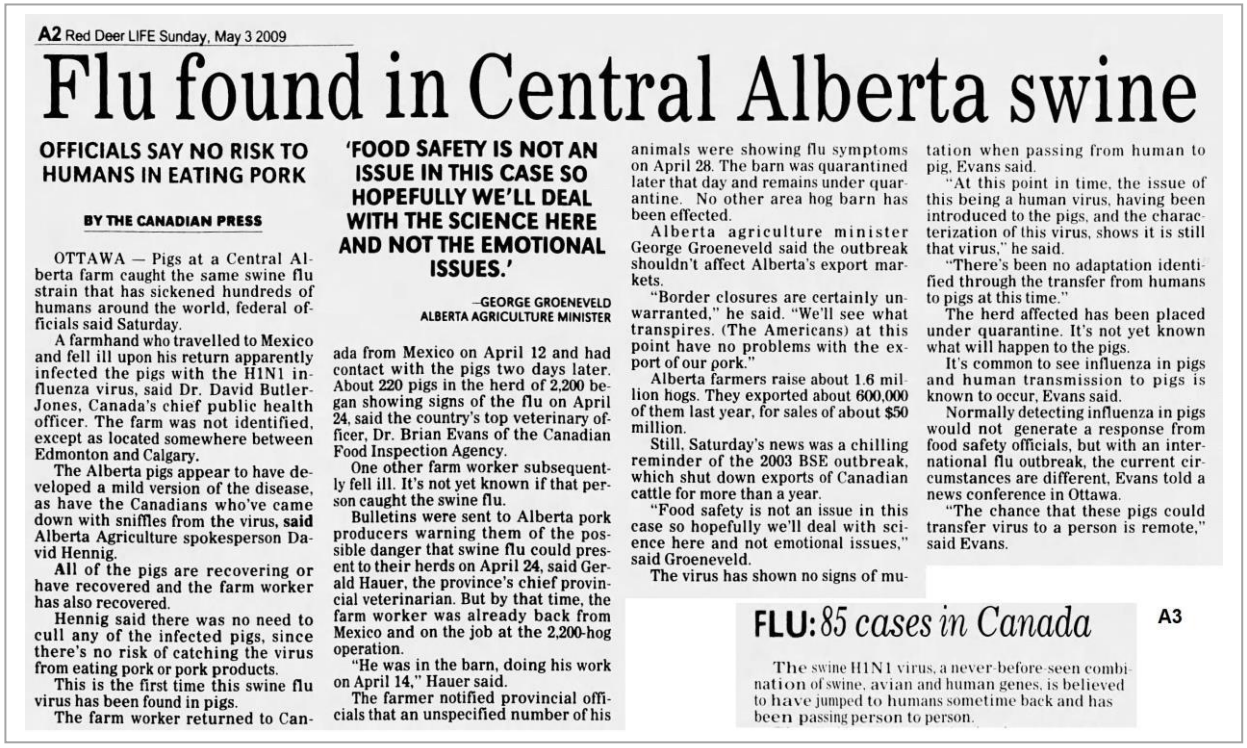
The federal government, meanwhile, has expanded its swine-flu prevention campaign to Facebook, Twitter and YouTube, with a new "citizen-readiness campaign."

=> the same text

RED DEER LIFE

Flu found in Central Alberta swine

Red Deer Advocate (Red Deer, AL, Can), 3 May 2009, Sun, p. A2-A3
https://www.newspapers.com/image/559334460/



A2 Red Deer LIFE Sunday, May 3 2009

Flu found in Central Alberta swine

OFFICIALS SAY NO RISK TO HUMANS IN EATING PORK

BY THE CANADIAN PRESS

OTTAWA — Pigs at a Central Alberta farm caught the same swine flu strain that has sickened hundreds of humans around the world, federal officials said Saturday.

A farmhand who travelled to Mexico and fell ill upon his return apparently infected the pigs with the H1N1 influenza virus, said Dr. David Butler-Jones, Canada's chief public health officer. The farm was not identified, except as located somewhere between Edmonton and Calgary.

The Alberta pigs appear to have developed a mild version of the disease, as have the Canadians who've came down with sniffles from the virus, said Alberta Agriculture spokesperson David Hennig.

All of the pigs are recovering or have recovered and the farm worker has also recovered.

Hennig said there was no need to cull any of the infected pigs, since there's no risk of catching the virus from eating pork or pork products.

This is the first time this swine flu virus has been found in pigs.

The farm worker returned to Canada from Mexico on April 12 and had contact with the pigs two days later. About 220 pigs in the herd of 2,200 began showing signs of the flu on April 24, said the country's top veterinary officer, Dr. Brian Evans of the Canadian Food Inspection Agency.

One other farm worker subsequently fell ill. It's not yet known if that person caught the swine flu.

Bulletins were sent to Alberta pork producers warning them of the possible danger that swine flu could present to their herds on April 24, said Gerald Hauer, the province's chief provincial veterinarian. But by that time, the farm worker was already back from Mexico and on the job at the 2,200-hog operation.

"He was in the barn, doing his work on April 14," Hauer said.

The farmer notified provincial officials that an unspecified number of his animals were showing flu symptoms on April 28. The barn was quarantined later that day and remains under quarantine. No other area hog barn has been effected.

'FOOD SAFETY IS NOT AN ISSUE IN THIS CASE SO HOPEFULLY WE'LL DEAL WITH THE SCIENCE HERE AND NOT THE EMOTIONAL ISSUES.'

–GEORGE GROENEVELD
ALBERTA AGRICULTURE MINISTER

Alberta agriculture minister George Groeneveld said the outbreak shouldn't affect Alberta's export markets.

"Border closures are certainly unwarranted," he said. "We'll see what transpires. (The Americans) at this point have no problems with the export of our pork."

Alberta farmers raise about 1.6 million hogs. They exported about 600,000 of them last year, for sales of about $50 million.

Still, Saturday's news was a chilling reminder of the 2003 BSE outbreak, which shut down exports of Canadian cattle for more than a year.

"Food safety is not an issue in this case so hopefully we'll deal with science here and not emotional issues," said Groeneveld.

The virus has shown no signs of mutation when passing from human to pig, Evans said.

"At this point in time, the issue of this being a human virus, having been introduced to the pigs, and the characterization of this virus, shows it is still that virus," he said.

"There's been no adaptation identified through the transfer from humans to pigs at this time."

The herd affected has been placed under quarantine. It's not yet known what will happen to the pigs.

It's common to see influenza in pigs and human transmission to pigs is known to occur, Evans said.

Normally detecting influenza in pigs would not generate a response from food safety officials, but with an international flu outbreak, the current circumstances are different, Evans told a news conference in Ottawa.

"The chance that these pigs could transfer virus to a person is remote," said Evans.

FLU: *85 cases in Canada*

A3

The swine H1N1 virus, a never-before-seen combination of swine, avian and human genes, is believed to have jumped to humans sometime back and has been passing person to person.

Charmaine Noronha

Canada: Farm worker with H1N1 may have infected pigs on Alberta farm.

FluTrackers, 2 May 2009, 10:45 PM
https://flutrackers.com/forum/forum/canada/seasonal-flu-2009-2014-including-h1n1-pandemic-2009/alberta/49041-canada-farm-worker-with-h1n1-may-have-infected-pigs-on-alberta-farm

OTTAWA (AP) Pigs on a Canadian farm have been infected with the new swine flu virus? apparently by a farm worker back from Mexico? and are under quarantine, officials said Saturday. It is the first known case of pigs having the virus.

But officials quickly urged caution. Swine flu regularly causes outbreaks in pigs and the pigs do not pose a food safety risk, Dr. Brian Evans, executive vice president with the Canadian Food Inspection Agency, told a news conference.

The officials said the pigs in the province of Alberta were thought to be infected by a Canadian farm worker who recently visited Mexico and got sick after returning to Canada.

The traveler has recovered, and the estimated 200 sickened pigs are recovering as well, officials said. No pigs have died, and officials said they don't think the flu has spread beyond the farm.

Normally, detecting influenza in pigs would not generate a response from food safety officials, but the current circumstances are different with the international flu outbreak, Evans said.

"The chance that these pigs could transfer virus to a person is remote," he said, adding that he would have no issue eating pork from the infected pigs.

U.S. Agriculture Secretary Tom Vilsack said Canada has taken the necessary precautions to prevent the spread of the disease. He said there have been no reports of the virus in U.S. pigs and noted the sick Canadian swine have been quarantined.

"This detection does not change the situation here in the United States," he said.

The World Health Organization has insisted there is no evidence that pigs are passing the virus to humans, or that eating pork products poses an infection risk.

The U.N.'s Food and Agriculture and World Health Organization, along with the WTO and the World Organization for Animal Health, issued a joint statement Saturday saying there's no justification for any anti-pork trade measures as a result of the swine flu epidemic since there is no evidence the virus is spread by food.

The statement was the most emphatic yet from the United Nations and other agencies on the issue.

The statement came after major American pork importers like Russia and China banned pork products from certain U.S. states as the new swine flu spread. Indonesia, Ukraine and the Philippines and Serbia have banned certain pork products from the entire country.

Canadian officials called such measures unwarranted.

The pigs in Alberta were thought to be infected by a farm worker who returned from Mexico on April 12 and began working on the farm two days later. Officials noticed the pigs had flu-like symptoms April 24, Evans said.

Approximately 10 percent of the 2,200 pigs on the farm have been infected, Evans said. Officials said the pigs were likely infected in the same manner as humans worldwide, and that the virus is acting no differently in the pigs than other swine flu viruses.

"Whatever virus these pigs were exposed to is behaving in that exact manner as those we regularly see circulating in North America and in swine herds in virtually every nation around the world," Evans said.

According to the U.S. Centers for Disease Control and Prevention, studies have shown that swine flu is common throughout pig populations worldwide, with 25 percent of animals showing antibody evidence of infection. The new virus has shown no signs of mutation when passing from human to pig, Evans said.

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CDC Web Archive

Dr. Anne Schuchat
Acting Deputy director for Science and Public Health at CDC
Dr. Nancy Cox
the head of the CDC influenza division

CDC Briefing on Public Health Investigation of Human Cases of H1N1 Flu (Swine Flu)

CDC, 3 May 2009, 1:00 p.m. EST
https://www.cdc.gov/media/transcripts/2009/t090503.htm
https://web.archive.org/web/20230406091522/https://www.cdc.gov/media/transcripts/2009/t090503.htm

=> there are several encouraging signs ... in Mexico
=> we don't need to confirm every single person with a possible H1N1 influenza infection.

Glen Nowak: Thank you all for calling in today's press conference, our media update on the novel H1N1 virus situation. Today we have Dr. Anne Schuchat, Acting Deputy director for Science and Public Health at CDC, available to answer questions and give an update and Dr. Nancy Cox, the head of the CDC influenza division to answer questions as they arrive. I will turn the briefing over to Dr. Anne Schuchat for an update on the H1N1 situation. Dr. Schuchat?

Anne Schuchat: Thanks for joining us this afternoon. I want to give some brief remarks for today's update and then I'll answer all of your questions. Today I think *we do see some encouraging signs*, but we are remaining cautious. We have a new infectious disease, a novel H1N1 virus. It's too soon for us to know exactly how this will involve or play out. We need to be ready for the seasonal flu next fall as well as what this new H1N1 virus is going to do in the fall, and we're really working actively and aggressively to be one step ahead, both currently and then preparing for the fall. The extent of spread of this virus in the U.S. and around the world is widespread, and it's possible that the W.H.O., the World Health Organization, will be continuing to re–evaluate the phasing. Currently we're at phase five, but it's important to know that that issue is still being looked at. The phases the W.H.O. talks about relate to how widespread infection is. Not how severe it is.

Today's case count for the United States is 226 confirmed cases, and those cases are occurring in 30 states. That's up from 21 states yesterday. Part of this increase is just catching up on the testing, and part of it is that we do think this virus is fairly widespread. We know that most of the other states are actively working up cases, and we expect a number of additional states to confirm the virus in the days ahead.

The median age of cases is 17 years. Still quite young people are primarily affected. The cases do continue to occur – the most recent confirmed case is April 29. We have one confirmed death here in the U.S., and we have 30 hospitalizations that we know are related to the H1N1 strain of influenza. I want to put the increasing cases and the increasing states in some context. We do think this virus is widespread across the United States. More people are getting flu. More people are being tested for it, and most of those people are recovering. We think that very few of the cases we have confirmation in are over 50. They tend to be people who are younger. Whether this will pan out over the weeks ahead, we don't know, but at this point it's a pattern that looks a little bit different from seasonal influenza. We also know that the numbers are changing very quickly, and in the days ahead we expect to transition from talking about confirmed cases and states to other ways that we can describe the trends, whether things are getting better or getting worse around the country.

There are several encouraging signs. We've heard reports that the H1N1 activity might be leveling off in Mexico. It's too soon to be certain that's the case, but the patterns may vary at different states. Some of the initial lab tests you've heard about were encouraging. The absence of the virulence markers from the 1918 H1N1 pandemic and differences between this particular strain and the very virulent H5N1 influenza strain, but again, we don't know everything we need to know about how virulent this strain will be. We have the positive isolates of influenza tested here in the CDC's lab, GenBank, and so researchers will be able to access those and really, really take off on research on this particular virus.

There's been a lot said about how is this particular virus different from seasonal influenza? Seasonal influenza causes 36,000 deaths a year and 200,000 hospitalizations so it's a pretty important public health problem. A big difference is that this is a virus that's totally new, and we don't expect large population immunity, and then another big difference is that this virus is increasing after the period where seasonal flu is usually decreasing, so we can't predict with certainty what the weeks and months ahead will look like.

We are planning to remain aggressive with this new virus and this new infectious disease, because it continues to be a rapidly evolving situation. I don't think we're out of the woods yet, but I do think that people are cooperating and working together in really effective ways to try to limit the impact this virus has on health and to slow its spread. We don't know if the virus will come back in the fall harder than it is right now, and, of course, that's one of the big concerns we have.

I want to tell you a few things about the CDC and public health community actions. The Strategic National Stockpile by the end of today will be completing the deployment of the 11 million anti–viral regimens that we are sending to the states and program areas. This is a 25% portion of the original allocation for the states. HHS has begun purchasing an additional 13 million regimens of anti–viral. We don't have an unlimited supply of anti – viral, but we're in much better shape than we were some years ago, and that focus for anti–virals right now is to treat people with severe influenza or to keep – treat people with influenza – like illness who are at high risk for complications of the disease. CDC and our partners have been active. We've got more than 70 people in the field and more than 600 people here at CDC working on this response, and our science and surveillance are very active trying to understand the disease, the illness it's causing in people, and the impact that we can expect going forward.

We're working very actively with the health care community and the public health community in clinical response and in public health surveillance and tracking, and we have continued to issue new guidance and update our earlier guidance. We'll be releasing new guidance for clinicians about testing and treatment in this circumstance. It's a bit different now than it was ten days ago when this was very, very new. We'll also be re – evaluating many of our recommendations related to other community settings.

Looking forward, a lot of people are wondering about the big events of the spring, things like graduations and other big public gatherings. I can tell you that this is an issue we are looking carefully at. For the time being we do expect that approaches will vary from community to community and institution to institution. In general, our feeling right now is that in general, cancelling public gatherings in the United States doesn't make sense. There may be some local circumstances that are different that we definitely respect. We really want people who are sick to stay home and not go to those big public gatherings, and we want the people at the big gatherings to remember how important it is to wash their hands, cover your coughs, and to take steps to reduce spread from you to other people.

As we've said in the past several days, we're taking active steps together with FDA, NIH, and BARDA to begin the process of vaccine development for eventual production. This is a multi–part process, and we can't promise that it will be produced or available. This is something that is unpredictable for the seasonal flu. It's even more unpredictable because it's a totally new strain of influenza virus, but the community that's expert in this area is very active and working together with manufacturing as well.

In closing, I want to thank people for their interest, for staying connected with what's going on. We're hitting some records here with eight million visitors to CDC's website a day now. Apparently over 80,000 subscribers to Twitter who were dealing with this. I guess we have one tweet per second related to the new H1N1 virus. You recall – I'm aware that it's a tweet not a twit. Our YouTube videos from broken all records for CDC with 1.1 million viewers last week. Now, we have really appreciated the viral spread of our educational messages and that's one of the best responses that we can have.

The way that we protect ourselves from a new virus is the way that we protect ourselves from seasonal flu. Washing our hands, staying home when we're sick, not traveling when we're ill, keeping our kids out of school, and really staying informed. We're trying to build on lessons that we've learned from the past, from outbreaks like SARS, totally new viruses that were spread through the respiratory route that the world community was able to contain and respond to effectively. We're also building on all that we have been studying over the past few years related to pandemic preparedness and the pandemic influenza experiences of the past, but it's important for people to remember that no single action can interrupt this virus. It's going to take a combination of actions. Our goal continues to be the reduced and the public health impact of this new virus and to slow its spread to buy time to produce a vaccine for the fall and also to slow its spread so that we don't really overwhelm the health care system. I think that there's probably lots of individual questions that people have, but with that I think I'll be closed for the formal opening and open the lines to questions. The first question from the phone.

Operator: The first question is from Maggie Fox from Reuters. Your line is open.

Maggie Fox: Hi, thanks so much. I'm wondering if it's too soon to say that you're as heartened as the Mexican officials are. We still only have one death in the United States, although there's a steady spread. There hasn't been the severity of cases. If there were going to be a lot of severe cases, wouldn't they start showing by now?

Dr. Schuchat: I'm heartened by the Mexican authorities' reports, but I am very cautious. I know that influenza can be surprising and that the time course here in the United States is later. We believe we're just on the upswing here and that in several parts of Mexico cases began quite a while ago, several weeks ago, so it's good news that we've only confirmed one death and we have 30 hospitalizations at this point, but it's too soon to say the extent of this disease. From what I know about influenza, I do expect more cases, more severe cases, and I do expect more deaths, and I'm particularly concerned about what will happen in the fall. Next question from the room.

Ceci Connolly: I don't know if you or perhaps Dr. Cox could speak a little bit more about the re–assortment that occurs between humans and pigs and if it's going in one direction versus the other, what that can mean.

Anne Schuchat: Right. Let me make one brief comment, and then let Dr. Cox elaborate in the scientific lingo. You know, we do know that in usual time influenza viruses in humans, circulate to humans and influenza viruses in pigs circulate to pigs, but it's possible for transmission from pigs to humans and from humans to pigs. Of course, there's also birds. Re–assortment in the different – from the different species is possible. I think Dr. Cox will probably elaborate a little bit more technically on what we think the issues are.

Nancy Cox: Thank you, Dr. Schuchat. It's difficult to explain what is a fairly common and complex process in just a few words, but I'll try to do so. Influenza viruses have segmented genomes. That is, they have their genes in pieces. If an individual host is infected by two different influenza viruses, whether that's from a pig, a bird, or a person, the two viruses can swap genes and the virus that emerges will have some genetic properties, some genetic segments from one virus along with the remaining genetic segments from the other virus. What happens with pigs, it's really quite interesting, because pigs are susceptible not only to swine influenza viruses, but to Avian influenza viruses and human influenza viruses. The pigs actually serve as a wonderful mixing vessel for influenza viruses

to re–assort in new ways. What we can say now with respect to the virus in pigs is that if pigs are infected with this new virus and some swine influenza viruses that are already circulating, there could be additional re–assortment of them. Likewise, if a human were co–infected with one of the seasonal influenza viruses and this new H1N1 virus, we could have a virus re–assortment which emerges that has different properties from the two parental properties. Hope that helps.

Ceci Connolly: Now that we're seeing it moving back and forth, any thoughts on where this one began?

Dr. Cox: It's really impossible to know, but because we saw that all of the gene segments of this new H1N1 virus had their closest ancestors, each gene had its closest ancestral gene in swine influenza virus, our working hypothesis, but it was only a working hypothesis, was that re–assortment occurred in pigs. It doesn't necessarily mean that that's where it occurred, but that was our working hypothesis based on the genetic relationship of each of the Gene segments.

Dr. Schuchat: Before we take the next question, I want to make sure that people understand that origin, the ancestral origin of genes doesn't have any impact on our statement that you can't get this new novel H1N1 virus from eating pork or pork products. Let's take the next question from the phone.

Operator: The next is from Betsy McKay, *Wall Street Journal*. Your line is open.

Betsy McKay: Hi. Thanks very much. I actually just wanted to follow–up briefly on Ceci's question. She asked most of my question. You know, overall, how worried are you that what Dr. Cox is describing could actually happen, that there could be a re–assortment, that there could be public health implications of this virus from pigs and possibly back and forth?

Anne Schuchat: I think it's important to say that we are concerned about this virus as it is in terms of being a new virus that is clearly transmittable from person to person and can cause illness that can be severe, so we are concerned with this new virus. The possibility of additional re–assortment in terms of seasonal flu in the fall or this virus in the presence of the animal community is also a concern, and really emphasizes our ongoing effort for animal and human health to work closely together. The more we can protect the animal community and the human community and collaborate, the more we can keep these kinds of interactions from occurring. So promoting good veterinary and agricultural practices and good public health and medical care is a good idea. I think that the prospect of re–assortment is always there with influenza, but even the strain that we have right now, we do think it's a major concern. Next question from the phone.

Operator: The next is from John Cohen, *Science Magazine*. Your line is open.

John Cohen: Hi. Thanks for taking my call. I realize your efforts can slow influenza spread, but do you think that given that the U.S. has very sophisticated surveillance going on and Mexico has a surveillance effort as well, do you think it's possible to contain a new influenza virus like this one that moves from one species to another? Is containment truly possible at the early stage so that it doesn't spread from the origin?

Anne Schuchat: Okay. We don't think that containment is possible now or that by the time we knew about this that containment was possible. Containment, the idea of punching out the virus where it originates and keeping it from spreading to other communities is something that is part of our pandemic planning. We originally thought if the avian or bird flu strain of virus emerged in a small community far away, and aggressively was responded to, we might be able to extinguish it and keep it from adapting well to people and spreading, becoming pandemic strain. By the time we were aware of this, the new strain, it was in multiple locations and was transmitting frequently enough that it was not in our view containable. On the other hand, good agricultural practices and excellent surveillance can play a good role in limiting the impact of disease, and I think in the future, you know, we shouldn't throw out the idea of containment. It is quite possible that other circumstances would arise in the future where we would definitely want that tool in our tool kit. Next question. From the phone. Sorry.

Operator: Thank you. Our next is from Richard Knox from National Public Radio. Your line is open.

Richard Knox: Thank you very much. I appreciate the opportunity. Two questions, if I may. One of them has to do with the U.S. situation. You mentioned 30 hospitalized cases, and I wonder if there's any information about those about how severe, whether any are in the ICU or so on and also about the U.S., there was a survey released by the New York health department indicating about one out of three students at the St. Francis prep students that were sick since April 8th, and I wonder if you think if this suggests an attack rate of 33 percent, how that compares with the seasonal flu and whether that's unexpected.

Dr. Schuchat: The first question was about hospitalizations and severity. I can say that information is being gathered. From what I understand some of those cases were severe. We are continuing to get support and information, and it's too soon for us to say the extent of the severity. The important point is that seasonal influenza leads to hospitalizations. About 200,000 people hospitalized each year from influenza. One important difference between what we're seeing in hospitalizations here in the U.S. so far is that they are not in the age group, in general – they're not in the age groups that typically are hospitalized for seasonal flu. With seasonal flu, it's primarily the elderly and the very young who are hospitalized. In our small sample so far of hospitalizations from this new H1N1 virus, it's in older children and younger adults. These are early days, though in characterizing the hospitalizations, and this is one of the things that we'll be looking for more information on in the weeks ahead. Your second question was about the New York City survey and the attack rate of about one–third of students. First, I want to compliment the New York City health department for a terrific investigation. We owe a lot to them for learning as much as they could early days in this environment and sharing it to so quickly with the rest of the public health community. An attack rate of 33 percent is pretty normal for seasonal influenza. We know that seasonal influenza spreads pretty easily and what we can learn from the New York City survey is that this virus spreads pretty easily in those high school students. We do think that this virus is very transmissible, just like most influenza viruses adapted to humans are very transmissible. What we don't know enough about it yet is very large populations is how severe it will be. The next question from the phone, please.

Operator: The next is from Daniel Steinberger, CBS news. Your line is open.

Daniel Steinberger: Thanks for taking the call. What are your school closing guidelines, and what are you recommending to schools? Have you noticed something specifically on what's happening in Fort Worth, Texas, and their school closings? Can you discuss that a little bit as well?

Anne Schuchat: Yes, thank you for the question about school dismissals. CDC has posted guidance for school dismissals, and I want to say two things, first off.

The first thing is that local authorities and jurisdictions have a lot more information about the circumstances of students and the community and the alternative services and what's really going to happen if you dismiss students from school, and we have a lot of respect for the local authorities in trying to make wise decisions dealing with the new infectious disease.

The second thing I want to say is that CDC is committed to learn as we go and to update our interim guidance regularly when the facts change or when we learn more about the benefits and average consequences of our guidance. Our current guidance for school dismissal suggests that if there's a case identified in a school population, the authorities consider asking the students for a period of up to two weeks and that this might be considered for *confirmed or probable cases* at that school. Also, that gatherings – big social gatherings associated with that school be postponed or deferred as well. Authorities can make decisions about other schools in the area.

That guidance was developed based on a very new situation, and the idea that closing the school or dismissing the students might decrease the transmission and slow the spread of this virus within the student population and beyond. Of course, with school dismissals, there's a balance, because the goal is to decrease transmission, and it's important that those students don't just move and go gather together somewhere else. It's also important that those students are having their needs met wherever

they go. If their school is closed and they're not getting lunch, for instance, or if they don't have appropriate child care available, then circumstances may differ. We also know that the extent of transmission is different right now in different communities, so I think in terms of the Texas authorities, this is the time where local authorities are really putting their heads together around the circumstances. The concern in the community, the amount of disease that they have seen, the benefits and disadvantages of dismissing the students. I can also say that we're continuing to re–evaluate our guidance in conjunction with the partners. Necessity question from the phone.

Operator: The next is from Marilyn Chase, Bloomberg news. Your line is open.

Marilyn Chase: Yes, good afternoon. Thank you for taking my call. This question goes to Dr. Schuchat's remarks about the groups involved in preparing for vaccine development. I would like to know, have you sent virus samples or seed stocks to any vaccine companies, which public health agencies currently hold it, and which companies will receive it? Thank you.

Anne Schuchat: We are in the process of growing up the seed strain for vaccines, and we have turned that seed strain over to an academic laboratory which is responsible for the reverse genetic preparation of the virus. What I may do is actually let Dr. Cox elaborate on exactly where we are with the seed strain as well as the manufacturing question.

Nancy Cox: Thank you for that question. We've moved very aggressively in the days since we first identified the two California cases to develop a vaccine virus which could be used by vaccine manufacturers. There are a number of different approaches that can be used to make candidate vaccine viruses, and some of the vaccine manufacturers actually take the virus as it's grown in the laboratory and they use their own techniques to make specialized candidate vaccine viruses, so we have already distributed influenza viruses to some of those specialized vaccine manufacturers and to all of the partners who work with CDC and the World Health Organization around the world to make vaccine candidates – vaccine candidate viruses that will grow well once they are handed over to vaccine manufacturers. This process is proceeding rapidly. There are many things that are being done in parallel so that we will be ready to make pilot lots should that decision be made. We'll go to the phone again for the next question.

Operator: The next is from Arin Gencer at the *Baltimore Sun*. Your line is open.

Arin Gencer: Hi. Going back to some of the cases that are still probable and not yet confirmed, I know there's a backlog, obviously, in the lab down there, and I just was wondering if y'all have any sense of the timeline as to when, for example, the 15 cases in Maryland might get some kind of confirmation.

Dr. Schuchat: The laboratories at the state and large city public health level as well as the CDC I would say are operating at full capacity right now. One of the good things that happened over the past several days is we were able to ship out the new H1N1 influenza virus kits to the state public health laboratories in order that they would be able to confirm this new strain themselves so that in the days ahead we don't believe we'll have that category of probable cases, untypable at the state lab and awaiting confirmation here at CDC. It was always our intent to get a new diagnostic test out to the states as rapidly as possible so we wouldn't have this type of backlog. We know that it's difficult for communities and the public health authorities as they're trying to understand the circumstances, so the attempt right now is to make sure the information can be processed as quickly as possible, and I do apologize for the frustration in the meantime, but I think things will be fed out pretty quickly. We're also issuing new guidance to clinicians about testing and typing. You know, there's a certain amount of increased shipment of isolates to understand if this is a new strain or not.

We think we're at a point right now why we *don't need to confirm every single person with a possible H1N1 influenza infection*. We're at a point where we know that the virus is in many places and we want to understand trends in a different way, so we have a couple different plans to deal with this backlog. Improving the capacity at the state labs, and helping the clinicians focus on which specimens are important to send in for testing. Also, we have our developing guidance for public

about which illnesses really need to prompt a medical visit to get tested. We hope with those few steps we'll be able to address the challenges of understanding what is and isn't the H1N1 virus. Next question from the phone.

Operator: The next is from Liz Szabo at *USA Today*.

Liz Szabo: I would like to ask you about the vaccine. If you are able to make one for the fall, how many doses would be available? In other words, how many Americans would be able to get a vaccine?

Dr. Schuchat: You know, it's early days to say exactly what production would look like. There are a couple of factors. One is who would be recommended to receive vaccine in the case of a vaccine production. Would it be the whole population or some subset of the population? For instance, we're still trying to understand whether the seniors might have protection already against this strain. Whether the lack of illness that we've seen so far in older persons is because of preexisting protection or it's just because we haven't had enough time for those cases to be detected. We don't know what population group we were going for.

A second factor is how well – how easily it's going to be for this vaccine to be produced because each year the strains grow in a different way and the manufacturers are able to produce more or less. This pilot lot that we're planning to be developed will also tell us how the vaccine would need to be formulated. Whether a little dose would be enough to give protection or you would need a larger dose. Whether with an adjuvant you could get away with less of the virus or you would need a larger dose.

Those types of variables factor into how easy it is to make very large numbers of doses of vaccine according to schedule, and so the planning that the U.S. pandemic preparedness effort had focused on was ideally to have enough vaccine production for every American to get two doses. Manufacturing capacity is at an all–time high based on the pandemic preparedness that's gone through the past two years. It's way too early to project whether we're going to go with large scale production of vaccine and how many doses would be produced. Next question, please. Next question from the phone, if there are any. Sorry.

Operator: The next is from Mike Stobbe, Associated Press. Your line is open.

Mike Stobbe: Hi. Thanks for taking the call. Doctor, you use the word widespread at the beginning of your comments. Is that the first time you have used that word in describing the U.S. situation? I have a follow–up.

Dr. Schuchat: When I say that this virus is widespread, I mean that it is in many places, that the majority of states in the United States have detected this virus, and from what we know so far about the way it is spread, particularly from the New York City experience, I believe it is likely quite common in those communities where it's been detected. That was what I meant by widespread that virtually all of the United States probably has this virus circulating now. That doesn't mean that everybody is infected, but within the community the virus has arrived. With seasonal influenza we often talk about detection of the virus as an important signal of the beginning of the season, and I would say that in most of the country right now this virus is there. You had a follow–up?

Mike Stobbe: Yeah, thanks. 226 confirmed cases today. That's a jump of 85 from yesterday. Were all 226 confirmed by CDC, or are we starting to see some of the confirmations just from state labs being added to the CDC tally?

Dr. Schuchat: You know, this is a mixture. I would say the jump is catch–up. Not that there was a big difference between one day and the next day in terms of the onset of illness. Part of it is because the states are able to test themselves, and part of it is because we've gotten our systems a little bit more streamlined here to be able to deal with some of the backlog. It's a mixture of states doing their own testing. And because the states are now able to confirm themselves and because we know there are lots of probable cases out there, I expect the numbers to jump quite a bit in the next couple of days. Time for one more question from the phone.

Operator: The next question is from Denise Grady, the *New York Times*. Your line is open.

Denise Grady: Thank you. Thank you very much. Given the – the finding in Canada yesterday, does there need to be more of a look at hog farms? I mean, you mentioned good agricultural practices and surveillance, but can you tell us a little more about what you mean about it, about whether there is a possible role for this in this illness?

Dr. Schuchat: You know, the U.S. Department of agriculture has the lead for these issues for the U.S. government, and they have been actively involved in this issue from the beginning really. We worked closely with them on, you know, influenza matters and on the pandemic planning efforts we've been taking, so they do have a program to assess the situation and to assure that the practices we have on the hog farm and production community are good and to understand the situation on the ground. I think for the details of what is going on and what we expect, I suggest contact the USDA, and if you need a contact there, we can probably provide it. Thank you all, and I guess we'll probably talk with you tomorrow.

End

HAVE YOUR SAY!
The Citizen

No Surprise
Flu Virus a Mixture of Swine, Human, and Avian Virus Types

The Citizen, 3 May 2009.
https://web.archive.org/web/20090503125920/http://www.thecitizen.com/~citizen0/node/36488

When what is now called a "swine flu" was first reported last week to be infecting, and killing some people in Mexico, health officials noted it was a strain of flu never before seen. In fact, it is technically incorrect to call this simply a "swine" flu. Analyses showed it's a mixture of swine, human and avian viruses, according to the Centers for Disease Control (CDC). Also, it is genetically different from the fully human H1N1 seasonal influenza virus that has been circulating globally for the past few years. After a review of the evidence, there is one conclusion: the new flu virus contains DNA from avian, swine viruses (including elements from European and Asian viruses) and human viruses.

So did this curious mixture just develop naturally, out of the blue? Is it the result of inhumane farming practices, as the Humane Society of the United States (http://www.hsus.org/) has suggested, that exposes immune-compromised pigs to all sorts of animal and human feces?

Well, maybe. But let's go back and look at the facts to see if any other scenario could be possible.

First of all, there's the troublesome detail that the virus has elements that come from multiple continents. Then there's the fact that true swine flu is only rarely transmissible to humans – this flu is spreading human-to-human, most likely because it contains DNA from human flu.

Could someone have deliberately mixed these viruses together? Is that possible? Absolutely.

Was this virus mixing being done artificially in the lab, or had it already been done? Yes.

Who was blending potentially viruses in labs? Were those horrible generic boogie men known to Americans far and wide as "terrorists" doing it? There's no proof of bioterrorism at work here yet. However, there is evidence the United States government has been working on concocting new flu virus blends.

So could the hysteria-provoking, new swine flu have escaped from a lab? Or was it deliberately released as some kind of test? When these kinds of questions are asked, the knee-jerk reaction of the mainstream media (MSM) is to giggle and talk about "conspiracy theories" and to joke about wearing tinfoil hats.

But here's the potential smoking gun, the facts that suggest a potential source of the pandemic could be CDC labs. And at the very least, this possibility deserves thoughtful examination and research.

The University of Minnesota Center for Infectious Disease Research and Policy (CIDRAP) is hardly a place most Americans have heard about and, apparently, the Center's web site has news the MSM isn't familiar with, either. But information they published years ago has now taken on an urgent importance. CIDRAP, along with the Canadian newspaper Canadian Press (CP), revealed back in 2004 that the CDC was launching experiments designed to mix the H5N1 (avian) virus and human flu viruses. The goal was to find out how likely it was such a "reassortant" virus would emerge and just how dangerous it might be. Of course, it's logical to wonder if they also worked with the addition of a swine flu virus, too.

Here's some background from the five-year-old report by the University of Minnesota research center: "One of the worst fears of infectious disease experts is that the H5N1 avian influenza virus now circulating in parts of Asia will combine with a human-adapted flu virus to create a deadly new flu virus that could spread around the world. That could happen, scientists predict, if someone who is already infected with an ordinary flu virus contracts the avian virus at the same time. The avian virus has already caused at least 48 confirmed human illness cases in Asia, of which 35 have been fatal. The virus has shown little ability to spread from person to person, but the fear is that a hybrid could combine the killing power of the avian virus with the transmissibility of human flu viruses. Now, rather than waiting to see if nature spawns such a hybrid, US scientists are planning to try to breed one themselves – in the name of preparedness."

And CDC officials actually confirmed the government had plans for the research. The CIDRAP News folks did a great job covering this important issue, which was apparently mostly ignored by the MSM back in 2004, and CIDRAP News wrote to the CDC for information. This e-mail produced an answer from CDC spokesman David Daigle who admitted the CDC was working on the project in two ways. "One is to infect cells in a laboratory tissue culture with H5N1 and human flu viruses at the same time and then watch to see if they mix. For the human virus, investigators will use A (H3N2), the strain that has caused most human flu cases in recent years," the CIDRAP story stated. This co-infection approach was described as slow and labor-intensive. However, it was a way to produce a new virus that appeared to be closer to what develops in nature.

There was another, faster way CDC scientists could create the mix, too. Called reverse genetics, it involves piecing together a new virus with genes from the H5N1 and H3N2 viruses. Reverse genetics had already been used successfully to create H5N1 candidate vaccines in several laboratories, the CDC's Daigle wrote. "Any viable viruses that emerge from these processes will be seeded into animals that are considered good models for testing how flu viruses behave in humans… The aim will be to observe whether the animals get sick and whether infected animals can infect others," he revealed in his e-mail.

What's more, the CP reported the CDC had already made hybrid viruses with H5N1 samples isolated from patients in Hong Kong in 1997, when there was the first outbreak of that virus, dubbed the "Hong Kong flu". It is not clear if the results of that research were ever published. Back in 2004, Dr. Nancy Cox, then head of the CDC's influenza branch, would tell the CP only: "Some gene

The CP's report noted that the World Health Organization (WHO) had been "pleading" for laboratories to do this blending-of-viruses research. The reason? If successful, these flu mixes would back up WHO's warnings about the possibility of a flu pandemic. In fact, Klaus Stohr, head of the WHO's global flu program at the time, told the CP that if the experiments were successful in producing highly transmissible and pathogenic viruses, the agency would be even more worried – but if labs couldn't create these mixed flu viruses, then the agency might have to ratchet down its level of concern.

The 2004 CIDRAP News report addressed the obvious risks of manufacturing viruses in labs that, if released, could potentially spark a pandemic. However, the CDC's Daigle assured the Minnesota research group the virus melding would be done in a biosafety level 3 (BSL-3) laboratory. "We recognize that there is concern by some over this type of work. This concern may be heightened by reports of recent lab exposures in other lab facilities," he told CIDRAP. "But CDC has an incredible record in lab safety and is taking very strict precautions."

Five years later, we must ask more questions. Were those safety measures enough? Was the CDC creating or testing any of these virus mixes in or near Mexico? What other potentially deadly virus combinations has the US government created? Don't US citizens, as taxpayers who funded these experiments, have a right to know? And for all the residents of planet earth faced with a potentially deadly global epidemic, isn't it time for the truth?

The Sunday Telegraph

Laura Donnelly, James Ball

Girl, six, is 15th swine flu patient

The Sunday Telegraph (London, GB), 3 May 2009, Sun, N 2499, p. 1, 8
https://www.newspapers.com/image/753720886/?terms=outbreak%2C%20swine%20flu%2C%20Mexico%2C%20decline%2C%20Cordova&match=1

A girl aged six from Oxfordshire was yesterday among two more Britons confirmed as victims of swine flu. The diagnosis of the child, and a man from Merseyside, who both recently returned from Mexico, brings the total number of confirmed cases in Britain to 15, with 631 cases under investigation. Globally, the number of confirmed eases stood at 658 last night.

Meanwhile, the first person to contract swine flu in England without travelling abroad said he believes he caught the virus from a colleague who had been to Mexico. Barry Greatorex. 43, of Chipping Sodbury, south Gloucestershire, is the second person in Britain, and the first in England, to have contracted swint flu without going abroad. The latest cases were confirmed as thousands of GPs were struggling to get the swabs, antiviral vaccines and face masks they need to cope with suspected cases of swine flu.

More than half of family doc-tors say they are not able to get swabs to test patients, while 45 per cent said there were no face masks to protect themselves from infection, claims the poll by the doctors' magazine *Pulse*.

Among those who tried to prescribe antiviral drugs, most had either failed to get Tarniflu or procured it with difficulty, according to separate research by Opinion Health, commissioned by *The Sunday Telegmph*.

...

Last week, Alan Johnson, the Health Secretary, insisted that all NHS organisations had "robust" plans to cope with a threatened pandemic.

The Department of Health refused to provide this newspaper with the assessments it has just carried out of the plans drawn up by 150 organisations in England, but recent board reports from dozens of PCTs reveal wor-rying deficiencies.

NHS Northamptonshire is given a rating of 40 per cent for its logistics plans. Yorkshire and Humber strategic health authority admits to gaps in the "capacity and capabil-ity" of emergency planning stair.

A lack of equipment and sup-plies is identified in North Lincolnshire, while papers for North Staffordshire admit to considerable training needs" for staffs. Several organisauons did not specify the weaknnesses in their plans but mentioned "significant additional work" to be done to develop robust plans.

Last night, the World Health Organisation said the virus did not appear to be spreading "in a sustained way" outside North America. Dr. Michael Ryan, WHO director of global alert and response, said nonetheless he believed the spread of a disease indicated that a pandemic was inuninent.

Mexico has *revised down* the suspected number of deaths from swine flu from **176 to 101**, indicatiting that the oubreak may not be as bad as first feared.

Jose Angel Cordova, the Health Minister, said that based on sampies tested, the *mortality rate was comparable with that of seasonal flu*.

SFGATE

Joe Garofoli

Some see media flu coverage as overblown

SFGATE, 3 May 2009.
https://www.sfgate.com/health/article/Some-see-media-flu-coverage-as-overblown-3162409.php

After a few days of breathless H1N1 flu coverage - some of it on his own network - CNN commentator Jack Cafferty noted that 13,000 people have died from the "regular ol' flu" this year in the United States, compared with just one confirmed H1N1 flu death. Cafferty then asked his audience to respond to his online poll asking "if swine flu coverage was overblown."

He waited a moment, then said, "Hint: Yes." Sounding somewhat sheepish, "Situation Room" host Wolf Blitzer said, "OK, good hint. Thanks, Jack."

For a week, the flu story has whet cable TV's bloodlust with what the 24-hour cable news vacuum craves: mystery, death and great visuals that inspire fear. No detail about the flu - often delivered without context - has been too tiny to go unreported, which means that cable TV viewers are getting coverage that is moment-to-moment but often not terribly useful.

Since most Americans still get their news from television, analysts say they have a growing concern: Will viewers actually trust media reports if there is a more serious and imminent health scare?

"Or will viewers think that the media is over-blowing it again. Will they say, 'Oh, it's just like bird flu.' Or, 'It's just like SARS,' " said Mark Jurkowitz, associate director of the Project for Excellence in Journalism.

Print coverage, which has fewer opportunities a day to deliver information and analysis, has been decidedly more measured, analysts said. And there has been insightful coverage from CNN's doctor-turned-broadcaster Sanjay Gupta, who reported on the flu's genesis in Mexico; and from NPR, which has a new blog "Flu Shots" (www.npr.org/blogs/health) to handle breaking developments while more contextual stories go on the air. Online, the Centers for Disease Control and Prevention has steered viewers to its own bulletins and videos, created by medical professionals working directly on the crisis.

Other outlets haven't been as reasoned.

Conservative talk radio hosts have used fear about the flu to segue to anti-immigrant remarks and calls to close the U.S.-Mexico border.

"How do you protect yourself? What can you do?" syndicated talk radio host Michael Savage told his audience last week. "I'll tell you what I'm going to do, and I don't give a damn if you don't like what I'm going to say. I'm going to have no contact anywhere with an illegal alien, and that starts in the restaurants."

By Friday, even "Today" show co-host Meredith Vieira seemed overwhelmed.

"I think part of the problem is that we're getting so much information that it's hard to know what to do," Vieira told her audience. Co-host Matt Lauer agreed, saying when people get nervous, "It makes them go in an emotional way."

But isn't filtering conflicting information and adding perspective the job of a journalist?

In that way, analysts say the flu reportage has shown the downside of the 24-hour news cycle. The past several days have presented viewers with a blur of numbers - of schools closed, of children out of school, of states where a confirmed flu case has appeared.

The by-product of this accelerated media environment "is that there is a rush of numbers and statistics that makes context hard to grasp," Jurkowitz said.

"Frankly, I've been a little horrified by how sensationalist and scare-mongering it is," said Vivian Schiller, chief executive officer of National Public Radio.

"It's kind of the perfect cable news story," she added. "It's scary. It threatens you. You don't know where it's going to strike next. It's like the (story of) killer bees (coming to the United States) - amplified by Twitter. You have all these little bits of information spewing out all over the place without context."

Just when the coverage appeared to be calming a bit Thursday, Vice President Joe Biden helped rekindle fears by saying on the "Today"' show that he "would tell members of my family - and I have - I wouldn't go anywhere in confined places now."

On cable network MSNBC, anchors put Biden's comments in the context of his history of gaffes, not just of how the flu can spread. MSNBC anchor Contessa Brewer urged viewers to go to MSNBC.com to answer this poll question:

"Vice President Biden told 'Today' he would advise family members to stay away from confined places, including planes and subways. Do you agree with this advice?"

Health stories always attract huge audiences, said Andrew Kohut, president of the Pew Research Center. But viewers shouldn't expect as much breathless coverage when Congress begins debating an overhaul of the U.S. health care system over the next few months.

"Because the policy debate is a tougher one to cover for many outlets," Kohut said. "They're more complicated. They require more nuance and discussion."

And there aren't as many opportunities to show people wearing masks.

globo.com

Países mais afetados por gripe pedem que doença não afete comércio
Para México, Estados Unidos e Canadá, surto não deve servir de motivo para restrições

Globo, 3 May 2009, 07h 41
https://g1.globo.com/Sites/Especiais/Noticias/0,,MUL1106852-16726,00-PAISES+MAIS+AFETADOS+POR+GRIPE+PEDEM+QUE+DOENCA+NAO+AFETE+COMERCIO.html

...

Estabilização

A OMS contabilizou no sábado 658 casos confirmados de gripe suína em 16 países, com 17 mortes - 16 delas no México. As autoridades mexicanas confirmaram posteriormente novos casos confirmados e mais três mortes.

Apesar disso, alguns sinais nos últimos dias indicam que a propagação da doença pode estar se estabilizando e que a epidemia pode não ser tão grave como se pensava.

A OMS afirmou no sábado que, apesar da ameaça de uma pandemia ainda ser mantida, a propagação sustentada da gripe suína parece estar até agora restrita aos países da América do Norte, com apenas casos isolados em outras regiões, principalmente entre pessoas que estiveram no México.

Segundo o diretor de Alerta e Resposta Global da OMS, Michael Ryan, "neste momento não seria inteligente sugerir de modo algum que a situação esteja fora de controle".

Mortalidade em queda

O ministro da Saúde do México, José Ángel Córdova, também afirmou no sábado que a epidemia está em processo de estabilização, já que 70% dos hospitalizados com a gripe suína não apresentam gravidade.

Segundo ele, o número de casos parece estar diminuindo nos últimos dias, reduzindo também a taxa de mortalidade.

Entre os casos confirmados da doença, a última morte ocorreu no dia 28 (terça-feira). As novas mortes confirmadas pelo México no sábado ocorreram antes disso, mas só agora tiveram a causa confirmada por testes laboratoriais.

novinite.com
Sofia News Agency

Mexico Declares Swine Flu in Decline

Novinite, 3 May 2009, 18:58
https://www.novinite.com/articles/103328/Mexico+Declares+Swine+Flu+in+Decline

"The Mexican Health Minister, Jose Angel Cordova said Sunday the swine flu virus appeared to have peaked between 23-28 April." (Photo)

The outbreak of swine flu, with Mexico as epicenter, is *already in decline*, according to the Mexican Health Minister, Jose Angel Cordova.

Cordova, cited by BBC, said the virus, blamed for at least 19 deaths in Mexico, appeared to have peaked between 23-28 April.

"The evolution of the epidemic is now in its *declining phase*," the Health Minister stated at a news conference.

The World Health Organization officials warned the authorities should remain vigilant as the virus could return.

CBS NEWS

H1N1 Spreading Deeper in Americas, Europe.

CBS/AP News, 3 May 2009, 1: 58 p.m.
https://www.cbsnews.com/news/h1n1-spreading-deeper-in-americas-europe/

The H1N1 epidemic spread deeper into the United States, Europe and Latin America - and in Canada, back to pigs - even as Mexico's health chief hinted Sunday it may soon be time to reopen businesses and schools in the nation where the outbreak likely began.

The virus spread to Colombia in the first confirmed case in South America, worrisome because flu season is about to begin in the Southern Hemisphere. More cases were confirmed in Europe and North America; health officials said at least 937 people have been sickened worldwide.

Dr. Richard Besser, acting chief of the U.S. Centers for Disease Control and Prevention, said H1N1 (swine) flu is spreading just as easily as regular winter flu.

"The good news is when we look at this virus right now, we're not seeing some of the things in the virus that have been associated in the past with more severe flu," Besser said. "That's encouraging, but it doesn't mean we're out of the woods yet."

"It's a rapidly evolving situation, and it's still one that is cloaked in uncertainty," Besser said on CBS' Face The Nation. "But each day we're getting more information … and we're starting to see encouraging signs."

On Sunday, health officials raised the number of confirmed U.S. swine flu cases to 244 in 34 states. The new number, up from 160 on Saturday, reflects streamlining in federal procedures and the results of tests by states, which have only recently begun confirming cases, said Dr. Anne Schuchat of the CDC.

Mexican Health Secretary Jose Angel Cordova said the virus that has killed 19 people in Mexico and sickened at least 506 apparently *peaked here between April 23 and April 28*. A drastic nationwide shutdown appears to have helped prevent the outbreak from becoming more serious, he said.

"The evolution of the epidemic is now in its declining phase," Cordova declared.

He said officials would decide Monday whether to extend the shutdown or allow schools and businesses to reopen on Wednesday.

Pablo Kuri, an epidemiologist advising Cordova, told The Associated Press on Sunday that tests have confirmed a swine flu death in Mexico City on April 11, two days earlier than what had been believed to be the first death.

He also said there have been no deaths among health care workers treating swine flu patients in Mexico, an indication that the virus may not be as contagious or virulent as initially feared.

The closed events made for a surreal Sunday in Mexico, as parishioners celebrated Mass via television, camera operators were the only ones in stadium bleachers and parks, museums, restaurants, theaters and other attractions were closed.

Sunday also marked the official start of campaigning for July 5 congressional elections - but all public campaigning was banned to prevent gatherings where the virus could spread.

Gabriela Cuevas Barron of the conservative National Action Party giddily claimed she was launching Mexico's first virtual campaign, promising in a Webcast to work for a cleaner and safer Mexico City for now, through Twitter, Facebook and YouTube. Meanwhile, the leftist Democratic Revolution Party was already up with a Facebook page for its candidates.

The United States said it had sent 100,000 protection kits worth $1 million to Mexico for use by first responders. The kits include respiratory masks, protective goggles and overalls. In all, the U.S. has sent $16 million in aid to Mexico since the emergency began, the U.S. Embassy said.

CBS News correspondent Bianca Solorzano reported that 470 schools have closed in at least 18 states, stranding some 270,000 children at home.

Officials in New Mexico announced Sunday that 14 schools in four towns were being closed for at least a week after the state's first swine flu case was confirmed, and the New Mexico Activities Association suspended all athletic and activity programs until further notice at member schools across the state.

In Arizona, all 10 public schools in the border city of Nogales canceled classes this week after a student tested positive for swine flu.

California officials, meanwhile, suspended all visitations at prisons pending results of tests on an ill inmate at Centinela State Prison.

In the Canadian province of Alberta, officials quarantined about 220 pigs that became infected from a worker who had recently returned from Mexico. It was the first documented case of the H1N1 virus being passed from a human to another species. Canada stressed that pigs often get the flu and there's no danger in eating pork.

Egypt has ordered all pigs in the country slaughtered as a precaution, sparking riots Sunday by pig farmers who threw stones at police.

According to tallies by the CDC, World Health Organization and governments, there were 101 confirmed cases of swine flu in Canada; 40 in Spain; 18 in Britain; eight in Germany; four in New Zealand; two each in Italy, France, Israel, and South Korea; one each in Colombia, Costa Rica, Ireland, Switzerland, Austria, Hong Kong, Denmark and the Netherlands.

Fear spread in other parts of the globe, much of it directed at Mexican nationals or those who have traveled to Mexico.

China quarantined more than 70 Mexican travelers in hospitals and hotels there, and Mexicans on arriving flights were being taken into isolation, said Mexico's ambassador, Jorge Guajardo. Even the Mexican consul in Guangzhou was briefly held after returning from a vacation in Cambodia, Guajardo said.

"In many cases we have gotten reports that they were being quarantined for the sole fact that they had a Mexican passport, whether or not they came from Mexico, whether or not they had been in Mexico, whether or not they had been in contact with someone else from Mexico," Guajardo said.

Hong Kong isolated 350 people in a hotel after a Mexican traveler there was determined to have the swine flu.

In Trinidad, crew aboard a Mexican tanker had been isolated since Friday at the Point Lisas Port. The Ministry of Health said Sunday they were tested and cleared of any flu infection and that the vessel was expected to be released.

Health officials around the world cautioned that despite encouraging signs, swine flu still poses a very real threat.

"Most experts would agree that the current outbreak that we are experiencing is mild to moderate in severity," Dr. Jon Andrus of the Pan American Health Organization said in a teleconference from Washington. "That is not to say that things cannot change very rapidly and very dramatically."

Under one scenario, the virus could peter out now, only to roar back in the fall when flu seasons begins. That's why health officials are watching the Southern Hemisphere so closely.

"Certainly, maybe, this current round of activity has peaked, but we are only 10 days into this outbreak," WHO spokesman Gregory Hartl told reporters in Switzerland. "I think we would want to wait a while before making a definitive decision."

newsru.com В РОССИИ

Вирус свиного гриппа не опаснее обычных сезонных, пришли к выводу в американских лабораториях

News.ru, 4 мая 2009 г., 03:08
https://web.archive.org/web/20111103164257/http://www.newsru.com/world/04may2009/virus.html

Поступающие в распоряжение американских специалистов данные позволяют говорить о том, что вирус A/H1N1 не опаснее обычных сезонных вирусов гриппа. Об этом заявил глава федеральных Центров по контролю и профилактике заболеваний Ричард Бессер.

"От (обычного) гриппа в США ежегодно гибнет 36 тысяч человек, - сказал он в интервью телекомпании Fox. - Сейчас мы видим обнадеживающие признаки того, что пока этот вирус не выглядит более опасным, чем обычный штамм во время сезонной вспышки гриппа".

Это дает американским медикам определенные основания для оптимизма, однако говорить о том, что распространение вируса "нового гриппа" пошло в США на спад, пока рано. Напротив, власти ожидают еще большего его распространения и увеличения числа инфицированных, сказал Бессер.

"Но сегодня мы знаем о природе этого вируса, о том, как он распространяется, гораздо больше, чем неделю назад, - добавил он. - Информация, которую мы получали последние пару дней, обнадеживает".

По данным федеральных Центров по контролю и профилактике заболеваний, к настоящему времени подтверждено 226 случаев заражения свиным гриппом в 30 штатах.

В основном вирус поражает молодых людей. У тех же, кому за 50, он встречается в единичных случаях.

Пока в стране от вируса A/H1N1 скончался только 23-месячный ребенок, чьи родители являются выходцами из Мексики. Но власти не исключают новых летальных исходов.

Вакцину - к осени

При этом власти США рассчитывают, что вакцина против нового вируса гриппа будет готова к осени нынешнего года. Об этом заявила министр здравоохранения и социальных служб Кэтлин Сибелиус. Одновременно в США разрабатывается вакцина для борьбы с обычным сезонным гриппом.

"Мы будем готовы (к производству обеих вакцин) к осени", - сказала министр в интервью телекомпании NBC. Однако, как заметила Сибелиус, вопрос о массовом производстве вакцины против вируса A/H1N1 пока остается открытым.

"Фармацевтические компании сейчас должны провести испытания (вакцины), убедиться, что они получили необходимый антидот для борьбы с данным конкретным штаммом, что выбрана правильная доза, а затем, опираясь на научные данные, принять решение о целесообразности массового производства вакцины", - сказала министр здравоохранения.

Стратегический запас антигриппозных препаратов в США составляет 50 млн доз. Из них четверть уже распределена между пострадавшими от гриппа штатами. Кроме того, правительство закупило дополнительно 13 млн доз лекарств Tamiflu и Ralanza.

В США из-за распространения свиного гриппа временно закрыты уже более 430 школ.

P GUERRA NA UCRÂNIA TITANIC EXAMES NACIONAIS 2023 OPINIÃO PODCASTS NEWSLETTERS

Ana Fonseca Pereira

México acredita que o surto entrou na "fase descendente"

Publico, 4 de Maio de 2009, 0:00
https://www.publico.pt/2009/05/04/jornal/mexico-acredita-que-o-surto--entrou-na-fase-descendente-305188

Há menos casos graves e não há registo de mortes desde o dia 28. Nos EUA há "sinais encorajadores", mas teme-se o regresso do vírus no Outono

a O Governo mexicano anunciou ontem que o surto de gripe A H1N1 entrou na "fase descendente", registando-se uma diminuição dos casos de internamento. Também as autoridades de saúde dos Estados Unidos dizem existir "sinais encorajadores" na evolução da doença, mas temem um novo pico no próximo Outono. Com o cenário de pandemia ainda em jogo, os analistas alertam para o impacto da doença na economia global.Na Cidade do México, epicentro do surto, as ruas permanecem vazias e ontem foram poucos os que arriscaram assistir à missa dominical, seguindo os conselhos do Governo para ficarem em casa. Terá sido, por isso, com alívio que os mexicanos ouviram o ministro da Saúde, José Angel Córdova, dizer que "há cada vez menos casos graves" a chegar aos hospitais e que a "taxa de mortalidade tem estado a baixar".

Segundo o responsável, o pico do surto terá ocorrido "entre 23 e 28 de Abril" e desde esse dia não há registo de novas mortes suspeitas. No último balanço, a Organização Mundial de Saúde (OMS) deu conta de 19 mortes, de um total de 506 casos confirmados no país, mas insiste que se trata de amostras recolhidas há vários dias.

Córdova acredita, por isso, que "a epidemia está numa fase descendente". Contudo, disse que é demasiado cedo para "baixar a guarda", dando a entender que poderão passar vários dias até ao regresso à normalidade.

Questionado sobre estas declarações, o porta-voz da OMS, Gregory Hartl, admitiu que a epidemia no México pode estar em declínio, mas instou os serviços de saúde a manterem-se vigilantes: "Há uma forte possibilidade de o vírus regressar", em particular quando as temperaturas baixarem, no próximo Outono.

Nos Estados Unidos, os serviços de saúde vêem também razões para algum optimismo. O director do Centro para o Controlo de Doenças (CDC), Richard Besser, disse que o novo vírus "não se mostra mais agressivo do que as estirpes observadas na gripe sazonal", que mata anualmente 36 mil americanos. O CDC confirmou ontem 226 casos no país (mais 62 do que na véspera), mas há apenas uma vítima mortal - um bebé de 23 meses, residente no Texas, que morreu nos primeiros dias do surto.

A secretária de Saúde, Kathleen Sebelius, disse estar também "prudentemente optimista", ainda que considere " muito provável" que a OMS eleve o nível de alerta, declarando o estado de pandemia (surto sustentado em duas regiões do globo). E o principal risco, adverte, é o "regresso do vírus no Outono", explicando que a sua eventual combinação com a gripe sazonal daria origem a um vírus "mais agressivo".

Os analistas fazem, entretanto, contas às consequências económicas de uma pandemia. Um artigo publicado na revista Foreign Policy recorda que o surto de pneumonia atípica, que em 2003 matou perto de 700 pessoas na China, teve um custo estimado de 40 mil milhões de dólares. Uma análise do Council on Foreign Relations admite que a actual epidemia terá um impacto superior, a começar pelo México, onde as receitas do turismo e restauração estão em queda acentuada, contribuindo para a desvalorização do peso.

A Foreign Policy recorda ainda que uma simulação realizada em 2006 conclui que uma pandemia semelhante à registada em 1968 (mais de um milhão de mortos) custaria à economia mundial 330 mil milhões de dólares, só no primeiro ano.

EL PERIÓDICO DE MÉXICO

En fase de descenso, la epidemia de influenza humana

El Periodico de Mexico, 4 May 2009.
https://elperiodicodemexico.com/nota.php?id=248820

México, (Notimex).- El titular de la Secretaría de Salud (SSA) federal, José Angel Córdova Villalobos, informó que la epidemia del virus de influenza humana ha evolucionado y está en fase de descenso.

En conferencia, detalló que entre el 23 y el 28 abril hubo un "pico" en el índice de casos de contagios, sin embargo el virus ha sido susceptible a los antivirales que había almacenados y se han administrado en el país, así como a las medidas ordenadas por el gobierno y aplicadas por la sociedad.

El titular de la SSA externó que la epidemia va en fase de descenso, pues se han revisado las curvas de los casos, las cuales son analizadas por los expertos en estadísticas nacionales e internacionales, y datos preliminares permiten hacer esta afirmación.

Añadió que se tienen los registros de varias instituciones médicas y organismos nacionales como el Instituto de Seguridad y Servicios Sociales de los Trabajadores del Estado (ISSSTE), donde en estos últimos días disminuyeron las solicitudes de atención.

Tras hacer un recuento de las acciones tomadas desde que se detectó el primer caso en Perote, Veracruz, a la fecha, Córdova Villalobos detalló que la efectividad de esas medidas ha permitido que el número de contagios y de víctimas mortales haya disminuido.

Hasta las 23:00 horas del sábado 2 de mayo, la SSA había realizado mil 498 pruebas, de las cuales mil 280 son válidas y el resto deben repetirse; de esa cifra 506 casos resultaron positivos: 487 son pacientes vivos y 19 han muerto.

Tras aseverar que el brote de influenza en el Reclusorio Norte ha sido controlado, el funcionario federal presentó un recuento de la evolución de la enfermedad y de las medidas de prevención aplicadas y reiteró que el riesgo de contagio es mínimo si se cumplen las recomendaciones sanitarias.

En otro rubro, el secretario de Salud reconoció el golpe que ha provocado la aparición del virus AH1N1 a la economía y a los diferentes sectores productivos del país, entre ellos el turismo.

Sin embargo, enfatizó que de no haber actuado tan rápido y de esta manera, de acuerdo al plan nacional para enfrentar una pandemia, como lo establece la Organización Mundial de la Salud (OMS), el problema económico hubiera sido peor, e insistió en que lo primordial debe ser la salud de México y del mundo. Sigue

El funcionario federal afirmó que existen elementos para ratificar que México actúo rápido y a tiempo, "de acuerdo con lo que tenemos como obligación en el reglamento sanitario internacional".

Comentó que está consciente de la implicación del aislamiento social y la suspensión de actividades en el retraso en los cursos para niños y jóvenes en sus estudios y en la actividad económica, a lo que se tiene que sumar la crisis financiera que vino de otros países.

"También estamos conscientes de esto, pero es evidente que lo primero es lo sanitario, porque si no podemos resolverlo las complicaciones económicas no sólo van a continuar sino que se van a incrementar, y por ello es que todas las decisiones tiene que tener un fundamento científico", enfatizó.

Córdova Villalobos aclaró que regresar a las actividades no significa que se vayan a escuelas y trabajos para ver qué pasa, sino que se tiene que preparar el regreso a clases.

El objetivo es evitar que pudieran repuntar los casos, en especial en algunas ciudades del país donde ha habido incremento del brote y se podría hacer un cerco especial.

Aseguró que ahora se tiene la capacidad de prácticamente diagnosticar el día a día, y que además de los 23 estados de la República donde se ha comprobado la presencia de la epidemia, no sería extraño que se encontrara en otras entidades.

A pregunta expresa de si ya ha pasado el peligro de una propagación mayor del virus, Córdova Villalobos respondió que es difícil afirmarlo porque es la primera experiencia de este tipo, no sólo en México sino en el mundo.

"De hecho todo el mundo, no solamente México, está aprendiendo del comportamiento del virus, por ello también los ministros de salud nos han estado hablando para conocer el comportamiento. Es muy importante porque es algo inédito", insistió el funcionario federal.

Añadió que se analiza la situación de acuerdo a su evolución, y de ahí la importancia de hablar de casos confirmados para ver cómo evoluciona; y cuando los casos confirmados sean mínimos se podrá hablar de que la circulación se ha detenido, pero todavía no se llega a ese momento.

En este punto, el secretario de Salud dio a conocer que hasta este domingo se han realizado mil 498 pruebas, y que en lo que va de este día se analizarán unas 400 más.

De las mil 280 pruebas válidas que se han aplicado, 506 resultaron positivos, que representan 39.5 por ciento, y de estos 487 afectados están vivos y 19 fallecieron; 272 son mujeres y 234 hombres.

Entre los casos positivos 24 por ciento, es decir 122, son niños y niñas de cero a nueve años; 120 son enfermos de entre 10 y 19 años; 98 son personas de entre 20 a 29 años; 69, de 30 a 39 años; 51 afectados tienen entre 40 y 49 años; 34, de 50 a 59 años y sólo hay nueve casos de personas mayores de 60 años. Existen tres casos que no se supo su edad.

FrankfurterRundschau

WHO warnt vor heftiger zweiter Welle

Frankfurtter Rundschau, 4 May 2009
https://www.fr.de/panorama/warnt-heftiger-zweiter-welle-11494582.html

Hongkong/Berlin/Mexiko-Stadt/Washington. Die Chefin der Weltgesundheitsorganisation (WHO), Margaret Chan, hat vor einer zweiten, heftigeren Welle der Schweinegrippe gewarnt. Der derzeitige scheinbare Rückgang der Sterblichkeitsrate bedeute nicht, dass die Grippewelle zuende gehe, sagte Chan der britischen "Financial Times" vom Montag. "Wir hoffen zwar, dass das Virus sich totläuft", sagte Chan. Doch könne eine zweite Schweinegrippe-Welle jederzeit "mit aller Macht" zuschlagen. Wenn das geschehe, "steht uns ein großer Ausbruch bevor".

"Ich sage jetzt nicht, dass eine Pandemie losbricht", betonte die WHO-Chefin: "Aber wenn ich etwas versäume, und wir bereiten uns nicht richtig vor, bin ich gescheitert. Ich treffe lieber zuviel als keine Vorsorge."

Auch das Robert-Koch-Institut (RKI) kann bei der Schweinegrippe weiterhin keine Entwarnung geben. Hierfür sei es sicherlich zu früh, sagte RKI-Präsident Jörg Hacker am Montag im ZDF-"Morgenmagazin". Es kämen bei den Infektionen noch Länder hinzu, und die internationalen Zahlen stiegen noch. "Wir müssen in Deutschland durchaus auch mit weiteren Fällen rechnen", sagte Hacker.

...

Die Zahl der Menschen, die sich in Mexiko nachweislich mit dem neuen Influenza-Virus A/H1N1 infiziert haben, ist auf 590 gestiegen. Davon seien 22 gestorben, gab der mexikanische Gesundheitsminister José Ángel Córdova am Sonntagabend in Mexiko-Stadt bekannt. Am Samstag waren es noch 19 Tote gewesen.

Córdova sagte, die Epidemie habe ihren Höhepunkt erreicht und sei rückläufig. "Der Höhepunkt auf nationalem Niveau war zwischen dem 23. und 28. April", sagte der Minister. Er machte aber auch gleichzeitig darauf aufmerksam, dass sich das Virus jetzt regional ausgebreitet habe. Mittlerweile seien in 23 Bundesstaaten Fälle aufgetreten. So wurden am Sonntagabend neue Erkrankungen aus Tabasco und Tamaulipas gemeldet.

Die Weltgesundheitsorganisation (WHO) hat 985 Fälle der sogenannten Schweingrippe in 20 Ländern bestätigt. Am stärksten betroffen seien Mexiko mit 590 Infektionen und die USA mit 226, teilte die Behörde am Montag mit. Deutschland liegt mit acht Erkrankten hinter Kanada (85), Spanien (40) und Großbritannien (15) auf Platz sechs.

WHO erwartet Erreichen der höchsten Warnstufe

In einem Interview der spanischen Tageszeitung "El Pais" (Montagsausgabe) sah WHO-Chefin Margaret Chan Anzeichen für das Erreichen der höchsten Warnstufe und damit einer Pandemie.

"Stufe sechs bedeutet aber nicht das Ende der Welt. Es ist wichtig, dies deutlich zu machen, weil Stufe sechs (andernfalls) eine unnötige Panik auslösen würde", sagte Chan. "Grippeviren sind sehr unberechenbar Wir sollten nicht übermäßig zuversichtlich sein. Man darf dem H1N1-Virus nicht die Möglichkeit geben, sich mit anderen Viren zu vermischen. Das ist der Grund, warum wir auf Alarmstufe stehen", sagt Chan weiter.

Dabei wies sie vor allem auf den Höhepunkt der Grippesaison auf der Südhalbkugel hin, wo in Kürze der Winter anbricht. Niemand könne vorhersagen, was dann passiere.

Rebelión

Michel Chossudovsky

Mentiras políticas y desinformación mediática en relación a la pandemia de gripe porcina
Political lies and media misinformation in relation to the swine flu pandemic

Rebelion, 4 May 2009
https://rebelion.org/mentiras-politicas-y-desinformacion-mediatica-en-relacion-a-la-pandemia-de-gripe-porcina/

¿Qué es la gripe?

Es una grave enfermedad respiratoria contagiosa causada por los virus de la gripe. Millones de personas en Estados Unidos padecen gripe cada año. La mayoría suele estar enferma una semana aproximadamente. Algunas personas (especialmente los niños pequeños, las mujeres embarazadas, los ancianos y las personas con problemas crónicos de salud) pueden ponerse muy enfermas y muchos mueren por la gripe.

Centro para el Control y Prevención de la Enfermedad [1]

La Organización Mundial de la Salud (OMS) aumentó su nivel de alerta de pandemia a un nivel 5 en una escala de 6. La fase 5 de la OMS significa que «hay una propagación continua entre humanos del virus en al menos dos países y que es inminente un brote de la enfermedad a nivel global… Indica también un aumento de los esfuerzos para producir una vacuna … Se han confirmado casos humanos en México, Estados Unidos, Canadá, Gran Bretaña, Israel, Nueva Zelanda y España» (la negrita es nuestra).

Según los informes, la OMS tomó la decisión después de que «un bebé de 23 meses muriera [de gripe porcina] en Texas tras haber viajado desde México para recibir tratamiento médico». Según los informes, la gripe porcina se ha confirmado en 11 de los estados de Estados Unidos. Se han citado las palabras de altos cargos sanitarios de la OMS en Ginebra y Washington afirmando que «es poco probable que se detenga la propagación del virus». Los medios de comunicación se han puesto a pleno rendimiento con muy pocos análisis y revisión de las pruebas, y han centrado la atención en los más de 2.400 casos de gripe no específica en México.

Al día siguiente de que la OMS decretara la fase 5 de la alerta, un científico vinculado con el Centro para el Control y Prevención de la Enfermedad de la Unión Europea insinuó, sin pruebas, que la pandemia podía afectar «de manera benigna» a entre un 40% y 50% de la población de la UE (véase europeanvoice.com, 30 de abril de 2009). El profesor Neil Ferguson, un miembro del grupo de trabajo de la OMS sobre la gripe porcina, afirmó que «el 40% de las personas en Reino Unido podrían infectarse en los próximos seis meses si el país se viera afectado por la pandemia».

«No sabemos qué dimensiones tendrá la epidemia en los próximos dos meses … Es casi seguro que aunque desaparezca en las próximas semanas (lo que puede ocurrir) tendremos una epidemia estacional en otoño» .

«Podemos esperar que hasta entre un 30% a un 40% de la población enferme en los próximos seis meses si verdaderamente se convierte en pandemia. Puede que tengamos una cantidad importante de personas infectadas, pero, si a mí me gustara apostar, diría que durará poco porque avanzamos hacia el verano». El profesor Ferguson afirmó que los 152 muertos en México probablemente suponen una proporción relativamente pequeña del número total de infectados que podría llegar a decenas o cientos de miles» (Daily Express, 1 mayo de 2009).

Los reportajes de los medios de comunicación están distorsionados. Se transforman las realidades. Las declaraciones de los políticos no están respaldadas por pruebas médicas y científicas. Las declaraciones del profesor Ferguson carecen de fundamento. No se ha molestado en confirmar el número de casos de gripe porcina en México «confirmados por el laboratorio». ¿Entre el 30% y el 40% de la población de Gran Bretaña? ¿Hasta el 50% de los 500 millones de habitantes de la Unión Europea? ¿En qué se basan estas afirmaciones? Según los reportajes, el 27 de abril sólo había un caso de gripe porcina en toda la UE: «El primer caso confirmado en Europa de gripe porcina se diagnosticó en España. La ministra de Salud del país lo confirmó el lunes por la mañana, después de que se le hicieran pruebas a un hombre que había vuelto recientemente de México» BBC, 27 de abril de 2009 [2]). ...

=> for the further reading see the website
https://rebelion.org/mentiras-politicas-y-desinformacion-mediatica-en-relacion-a-la-pandemia-de-gripe-porcina/

SÀIGÒN

Worst of Mexico's flu nightmare is over: president

Saigon.News, 4 May 2009, 14:15:00
https://en.sggp.org.vn/worst-of-mexicos-flu-nightmare-is-over-president-post34374.html

Mexico is finally getting the upper hand on a flu epidemic that has killed 22 people, and is poised to lift an economically crippling clampdown on public venues and activities on Wednesday, authorities said.

Mexico was about to "overcome" the virus, which had also infected 568 people over past weeks, President Felipe Calderon told state television and radio on Sunday. "We have been able to hold or at least reduce the rate of propagation of the virus to contain the epidemic," he said.

His health minister, Jose Angel Cordova, said: "It is very likely that restaurants and other points of economic activity will re-open on Wednesday."

A lifting of restrictions would spell relief for restaurants, cafes, bars, clubs, cinemas, theaters and gyms in Mexico City which were ordered on April 28 to close to prevent contagion among clients.

The city's hospitality sector estimated the measure was costing the economy 100 million dollars a day and risking 450,000 jobs, as well as deepening a sharp tourist slump caused by flu fears.

Non-essential offices ordered to shut over a five-day holiday weekend were due to reopen Wednesday.

Schools across the nation shut for more than a week were also to be sanitized in readiness for a return to classes at a date yet to be determined.

Cordova told reporters Sunday the epidemic had peaked in Mexico April 23-28.

He noted fewer people were now being admitted to hospitals with symptoms of the virus, "and those cases are less and less serious."

Fifteen of the fatalities were women and seven were men, he said. Most died in Mexico City.

Although restrictions were about to be eased, the government warned that caution should still be exercised. It said it established on Sunday a list of public recommendations – particularly for restaurants, public transport and other enclosed spaces – to ensure the epidemic did not flare up again. "These are instruments for all the population, empowering it to keep itself healthy," Cordova said, adding they would be revised constantly on his ministry's website.

The shift from mandatory virus-containment measures to voluntary rules was also an effort to revive a devastated tourism sector – an important source of foreign currency revenue for Mexico.

Cordova said the longer restrictions stayed in place, "the more difficult it will be to restore credibility so the tourists return to the tourist sites."

The government defended its handling of the epidemic, saying officials had been responsible in preparing for a worst-case scenario and prompt in acting.

At the peak of the crisis, the health minister had spoken of 159 "probable" deaths, prompting the World Health Organization to raise its alert over the flu to warning a pandemic was "imminent."

Since then, though, stringent tests by US and Canadian labs have excluded the majority of the "probables," leaving the significant though much-smaller confirmed toll.

CTV NEWS

WHO elects to keep pandemic alert level steady

CTV.ca News, 4 May 2009, 11:39AM EDT
https://www.ctvnews.ca/who-elects-to-keep-pandemic-alert-level-steady-1.395363?cache=kpovskyhahbqhz

The World Health Organization said it would keep its pandemic alert at the second-highest level Monday, the same day Mexico announced it would reopen most businesses that had closed in the wake of the H1N1 flu outbreak.

In New York, UN Secretary-General Ban Ki-moon said the WHO will keep the pandemic alert level at Phase 5, if the situation "remains as it is."

Also on Monday, WHO chief Margaret Chan told the UN General Assembly via videolink from Geneva that "we are not there yet."

Currently the WHO has set its pandemic alert level to Phase 5, meaning the probability of a pandemic is "high to certain," as H1N1 continues to spread around the world.

Phase 6 is the alert level that signifies "a global pandemic is underway."

Keiji Fukuda, the WHO's acting assistant director-general for health, security and environment, told reporters that there is no sign of that the H1N1 virus has transferred person-to-person outside of North America.

"We do not have any evidence that the virus has taken hold and has led to community-level transmission in any other countries right now," he said Monday, during a news conference in Geneva.

The decision to keep the pandemic alert level steady came on the same day that the Mexican health secretary announced his country's intention to reopen most businesses later this week.

Jose Cordova said his country would reopen most businesses on Wednesday, citing the fact that Mexico's national outbreak has slowed.

But while Mexican officials say the epidemic is waning, health officials around the globe say its still too early to make that claim.

"Certainly, maybe, this current round of activity has peaked, but we are only 10 days into this outbreak," WHO spokesman Gregory Hartl told reporters in Switzerland. "I think we would want to wait a while before making a definitive decision."

In Mexico, businesses and schools have been shut down since last Friday and officials are deciding when to allow things to get back to normal.

"We have succeeded in detaining or at least slowing the spread of the virus precisely because the measures have been the correct ones," Mexican President Felipe Calderon said Monday in an interview with state television.

...

As of 11 a.m. ET on Monday, the World Health Organization says there have been 1,025 cases of the H1N1 flu virus and 26 deaths from the virus in Mexico.

LA PATRIA La Jornada

Bertha Teresa Ramírez

Exige Ebrard condenar xenofobia hacia mexicanos por la influenza

El brote, en etapa de estabilización, aunque no significa que se haya superado la emergencia, dice

Ayer, la cifra más baja de casos y la más alta de egresos

El 6, vuelta a la normalidad

Periodico La Jornada, 4 de mayo de 2009, p. 23.
https://www.jornada.com.mx/2009/05/04/capital/023n1cap

El jefe de Gobierno del Distrito Federal, Marcelo Ebrard Casaubon, exigió condenar los actos de xenofobia contra mexicanos por el brote de influenza atípica en México. Indicó que para empezar no está comprobado que el virus haya salido de la ciudad (de México), y aunque así fuera, no es rechazo lo que se requiere, sino apoyo y solidaridad.

Al presentar un informe sobre el *operativo* sanitario impuesto en la ciudad de México, tras la declaración de alerta preventiva epidemiológica, aseguró que en la capital hay una etapa de estabilización en la emergencia por el brote de influenza tipo A/H1N1, y que la situación parece claramente mejorar.

No obstante, llamó a los ciudadanos a mantener las medidas preventivas básicas recomendadas, como lavado de manos frecuente y uso habitual de cubrebocas, pues el hecho de que no se hayan reportado más fallecimientos a consecuencia de esta enfermedad infecciosa no significa que se haya superado la emergencia.

Hasta este domingo, el reporte de personas con síntomas de influenza indica la cifra más baja desde que se lanzó la alerta sanitaria, inclusive también se registra la cantidad más elevada de pacientes dados de alta, que es de 22, añadió.

Durante la presentación del informe, aseguró que la decisión de regresar a clases el miércoles 6 de mayo dependerá del gobierno federal; la administración local, por su parte, se mantiene en contacto para, en caso de ser así, poner en marcha un programa exhaustivo de control sanitario en las escuelas.

En cuanto a la actividad económica, precisó: hasta este momento la postura del gobierno de la ciudad es que el 6 de mayo se reactivaría la actividad en la ciudad, con diferentes características y medidas sanitarias. Así sería, salvo que se encontrara alguna otra cifra o dato diferente el día de hoy, apuntó.

Ebrard también manifestó su preocupación por los actos de xenofobia contra mexicanos en el extranjero y en el país, y en ese contexto afirmó que México y su capital han expresado siempre su solidaridad y apoyo ante los grandes problemas que han sufrido otros países, como dato mencionó el caso de la ciudad de Nueva Orleáns, la cual fue practicamente destruida a causa del huracán *Katrina* en 2005, así como el de la gripe aviar, que surgió en Asia en 2003.

Por ello se pronunció por impedir, protestar y actuar frente a este fenómeno, lo que se requiere hoy no es condena y xenofobia, sino solidaridad, reiteró el mandatario, quien añadió que no tiene sentido establecer una condena, pues constituimos una humanidad y el virus no tiene nacionalidad.

En ese contexto, pidió que se haga un seguimiento puntual a la estancia de mexicanos en Estados Unidos, quienes por esa situación pueden comenzar a vivir acciones de racismo.

En su oportunidad, el secretario de Salud, Armando Ahued Ortega, informó que las 22 personas dadas de alta tuvieron una respuesta positiva al tratamiento, no hay defunciones y el número de pacientes hospitalizados por cuestiones respiratorias bajó a 84.

Informó que en los centros de salud se han brindado 74 mil 572 consultas durante la alerta epidemiológica. Ayer se recibieron 2 mil 23 llamadas para orientación telefónica y en el portal de Internet, mil 507 personas ingresaron al chat con el mismo fin.

En entrevista, agregó que el sábado se realizó un *operativo* en los reclusorios y 19 mil 410 personas que ingresaron a ver a sus familiares fueron valoradas clínicamente.

Indicó que en los centros de readaptación se procedió a realizar un tamizaje, así como un diagnóstico a todos los internos, estamos hablando de prácticamente 40 mil, y señaló que se hizo un estudio caso por caso.

El sábado, debido a que es día de visita, se estableció un filtro muy estricto, ya que fueron casi 20 mil personas las que ingresaron a ver a sus familiares internos, por lo que a cada una de estas personas se le tomó la temperatura, se les preguntó si tenían algún signo o síntoma respiratorio, todo ello con el fin de evitar que alguien enfermo entre al reclusorio y pueda provocar un contagio, pero afortunadamente todo está controlado agregó.

SPUTNIK International

Mexico says swine flu outbreak easing off

Sputnik, 4 May 2009, 08:39 GMT
https://sputnikglobe.com/20090504/155000050.html

The Mexican government has said the swine flu outbreak has peaked in the country and is now in decline, with a confirmed human death toll of 22.

Mexico City, May 4 (RIA Novosti) - The Mexican government has said the swine flu outbreak has peaked in the country and is now in decline, with a confirmed human death toll of 22.

Health Minister Jose Angel Cordova told reporters on Sunday: "The evolution of the epidemic is now in a phase of decline."

According to the latest data, "578 people have been officially confirmed as infected with the H1N1 virus, of whom 22 have died," he said. Health authorities had earlier suspected over 150 fatalities due to the virus.

The spread of the virus peaked between April 23 and 28, Cordova said. Seven men and 15 women have died in Mexico, mainly in Mexico City.

The number of swine flu cases worldwide has reached 985 in 20 countries, according to WHO data, the vast majority in Mexico, the United States and Canada. Spain has reported 40 cases.

The Egyptian government has begun a highly controversial pig cull, despite assurances from the WHO that swine flu cannot be passed to humans via cooked pork. The cull has prompted clashes between farmers and police trying to seize the animals.

Russia, which has banned raw pork imports from several U.S. states, extended the ban on Monday to South Carolina, classed as "risk zone 1".

Russia and China, which jointly buy 20% of exported American pork, have so far blocked pork imports from California, Texas, New York, Alabama, Arizona, Arkansas, Georgia, Indiana, Kansas, Louisiana, New Jersey, New Mexico, Ohio, Oklahoma and Florida.

The Russian agricultural regulator Rosselkhoznadzor said the extended ban "applies to products produced after May 1."

Russia has also banned pork from Spain and three Canadian provinces - British Columbia, Nova Scotia and Ontario - which Rosselkhoznadzor listed as "risk zone 2".

The U.S. has urged Russia and China to lift their ban, citing the WHO's statements on the safety of pork.

CDC Web Archive

Richard Besser

CDC Briefing on Public Health Investigation of Human Cases of H1N1 Flu (Swine Flu)

CDC, 4 May 2009, 1:00 p.m. EST

ttps://www.cdc.gov/media/transcripts/2009/t090504.htm
https://web.archive.org/web/20090505083849/https://www.cdc.gov/media/transcripts/2009/t090504.htm

(...) Good afternoon, and thank you all for holding the. At this time, your lines have been placed on listen-only until we open up for questions and answers. Please be advised, today's conference is being recorded. If you do have any objections, you may disconnect at this time. I would now like to turn the conference over to Mr. Glen Nowak. Please go ahead, sir.

Glen Nowak: Good morning. Welcome to the press briefing on the H1N1 around the world. Today we have Dr. Richard Besser, Acting Director of the CDC for an update. And I will turn the podium over to Dr. Besser.

Richard Besser: Thank you for coming to today's update. As I've said, each day, this is a situation of much uncertainty, but with each day, we learn a lot more information to help us understand this outbreak and understand the best means of control. While we're not out of the woods, we are seeing a lot of encouraging signs, and I want to share with you some of that information. Let me start with the case updates. And today I'm going to, in addition to giving you information on confirmed cases, just give you a sense of what we're seeing in the area of probable cases, and then we're going to be looking in the future to be able to post on our website some more information about probable cases.

The reason for that is that what we're seeing – *a probable case is someone who has the flu-like symptoms* and is tested with regular flu testing and comes up negative, so there's no strains. It's a very good test. We're seeing that over 99% of those are ending up confirmed. So, that's going to be useful information to get a sense of what's happening across the country. We continue to see this spread widely across the United States. There are 286 confirmed cases in 36 states. That's an increase of six states from yesterday. And we're seeing over 700 probable cases in a total of 44 states. This likely represents an underestimation of the total number of cases taking place across the country. In order to be counted, you have to have your flu-like symptoms and see your doctor and be tested. And we know that for a lot of people, those steps do not take place. And because this is flu, the situation will change rapidly. The median age of confirmed cases is 16 years with a range of 3 months to 81 years. The most recently confirmed cases made first. There are 35 known hospitalizations in the United States with the one reported death. 62% of the confirmed cases are under 18 years of age. The World's Health Organization earlier today was reporting 898 cases in 18 countries. I like to each day put this in context with seasonal flu. With seasonal flu, we see in the United States over 30 million cases. We see 200,000 hospitalizations and, on average, 36,000 deaths.

We have teams working in Mexico as part of the tri-national effort there, and they're hard at work to try and understand the situation in Mexico. What we're seeing from Mexico is what has been reported in the news, as well – it appears things are leveling off in Mexico. They are reporting less activity in Mexico City. But as we're seeing here, they're seeing different things in different parts of the country. So, some of the encouraging signs – the situation in Mexico is encouraging. Some of the initial lab studies are encouraging, and Dr. Cost talked about those earlier, the lack of the factors in the virus

that has been associated with more serious disease in previous pandemics. We're not seeing those. We're not seeing a lot of variations between the isolates, and that's very helpful as we start to think about the issues around vaccine and developing vaccines. And so far, the *severity of illness in this country is similar to that of flu*, and that's very encouraging.

Let me talk a little bit about some of the public health actions that we've been taking, give you an update on those. As we said last week, the strategic national stockpile, the first 25% allotment is being distributed across the country. At this point, all states have received their share of the stockpile. There is additional resources, part of the share for Guam and American Samoa is still in process. We have distributed test kits to every state, and this will allow for more rapid diagnosis at the state level. What happens when a state receives their kit, we will work with them on the first five isolates to make sure that the test is up and running properly, and once that's done and we've confirmed their ability to use the test kit, then they're able to do that testing all on their own. We have 81 folks from CDC who are in the field assisting state and local public health as well as 16 of them who are in Mexico. We have 35 more people who are pending deployment in the very near future. Vaccine is something we've been talking about every day, and I just want to clarify that we are doing all of the steps that are necessary should we decide to produce a vaccine. The decision doesn't need to be made now whether to manufacture a vaccine and clearly doesn't need to be made now about should people be vaccinated for next season. What needs to be done now are the steps of determining which virus you want to use, growing up seed stock of that virus and having the conversations with manufacturers around what would need to be done to manufacture a vaccine. And those things are all taking place.

There have been questions each day about world health organization and what phase we're in. We're currently in phase five. And the question of whether the World Health Organization will move to phase six. What they're looking for is are they seeing sustained human-to-human transmission outside of more than one World Health Organization region. So, they see this in this region, which includes Canada, the U.S. and Mexico, and they're looking to see, is that something in any other region. So far, they haven't seen that. They've had case reports in many countries around the world, but they have yet to see sustained human-to-human transmission. So, were that to occur – and we anticipate at some point, it will, given that flu viruses spread easily from person to person – should that occur, they would raise the alert level to indicate that we have met all the criteria for a pandemic.

That would not change what we're doing in the United States. We have this virus spreading in our communities. We continue to take aggressive action based on it being in our communities. And as we learn more, we continue to adapt and adjust our recommendations and our guidance so that they are appropriate for the situation that we're seeing.

So, going forward, here are some things that we're thinking about and things that are important. One is what happens in the southern hemisphere. We have the flu season here as our winter, as in the southern hemisphere, they have flu season in their winter. So, we'll be working very closely with the international community to understand what happens to this virus over the next few months as flu season begins in the southern hemisphere. That will tell us a lot about whether the virus is changing, whether it's becoming more severe and what measures we might want to take in the fall. We expect that all states will likely have confirmed cases. They don't yet, but it's a matter of time. Flu viruses don't respect borders, and with travel, we expect that there will be more cases.

To put this in context, I keep saying that it's looking like it's along the severity of seasonal flu. We know that each year with seasonal flu, people are hospitalized and people die, and unfortunately, we expect here that with a virus of this severity that there will be ongoing hospitalizations and that there will be additional deaths. It's important that as we talk about the encouraging signs that people don't take that as an indication that they have to let up their guard. Personal responsibility, the things that we talk about every day about hand-washing, about covering your cough with your sleeve and not with your hand, about staying home when you're sick, about keeping your children home when they're sick, those things are critically important. They're important every flu season, but they're

really important now, when we have a virus that we're just learning more about, that's spreading through our communities. These measures will help to keep people healthy and decrease the number of people around them who get sick. So, you know, we're going to continue to tell you what we know when we know it. Information changes daily. And during this briefing every day, we hope to be able to address your questions. So, I'll stop there and open it up for questions. First here in the audience. Yes.

Fox 5: Hi, I'm with Fox 5. I was wondering what you've seen in the lab, what can you tell us? Has anything changed as far as severity, as far as, you know, anything else you're testing for, antiviral resistance?

(Glen) Sure. Dr. Nancy Cox is here, who is Director of the Division of Influenza. Would you mind coming up and answering that?

Besser: Sure. We're keeping very close tabs and looking at all of the markers and all of the resistance markers for any viral. And so far, we have very good news. We haven't seen any changes that would cause alarm. So, the viruses are remaining very consistent with respect to their genetic properties and their resistance properties, their susceptibility to the N viral drugs and their susceptibility to the inhibitors but resistance to vaccine.

Nancy Cox: So, Tamiflu and Relenza, we're not seeing any resistance in that area. Another question here in the audience and then we'll go to the phones.

I actually have two questions. One is, how many health care workers in the U.S. have been infected, and that being either from the community in that they may be a danger to their patients or from work exposure in a hospital or another health care facility?And my second question has to do with a recent report from some health care workers union. They surveyed 104 facilities in 14 states and found that one-third of the union leaders said there was no pandemic preparedness plan in their facility. So, I'm wondering what you're seeing in terms of hospital preparedness. And I'm sure they're trying to prepare now, but that was supposed to be taking place for a number of years.

Besser: Right, right. I can't answer the question in terms of number of health care workers who have been infected. I can see if for tomorrow we can have a sense of that. We haven't been hearing about large numbers of health care workers, but I don't know whether we have a tally of the total number of health care workers. You know, in terms of facility preparation, what we've seen over the past number of years is that there's been variability in terms of how people approach emergency preparedness in general and how many have emergency response plans for whether it's a new flu or whether your facility's hit by a tornado or a hurricane. It's important that those facilities that haven't done that work do it, because you cannot predict what emergency will come along, and there are things that institutions can do to be ready and decrease the impact on their facilities and their communities. Let's go to the phones.

(Glen) Thank you. Helen Branswell, the Canadian Press, go ahead.

Canadian Press: Thank you. I was hoping you could talk to us a little bit about numbers. I'm wondering how long numbers are really relevant. I know it's helpful to know where the virus is spreading, but you know, confirmed tests will always be just a tip of an iceberg, and I'm wondering how – if you think maybe people are sort of overfixating on numbers.

Besser: Thank you for that question. I think that that really raised a very important point. It's important for an area to know if they have H1N1 disease in their community. That's really important, because that can guide some of the actions that they take, and it's important for us, as we've been trying to study and understand how this virus moves and what type of disease it causes, but once you have widespread disease and once you have this in each community, the numbers become much less important because the actions you want to take, you should be taking. And so, we're going to be trying to move away from focusing on the numbers and looking at the distribution across the country and how this outbreak progresses around the country. Another question from the phone?

(Glen) Thank you. Marin McKenna, go ahead.

McKenna: Hi. Thanks so much for doing this. To follow up on that question, since you're going to be talking more about probable cases, since they seem so likely to turn into real cases, do you expect any difficulty with a lack of match between the U.S. numbers and the WHO's numbers for different countries? And as a second question, can you give us more detail as to what you'll be looking for in the southern hemisphere?

Besser: In terms of the World Health Worse, our relationship with the WHO, through them and with Canada and Mexico in particular has been really outstanding.I was on a conversation with the Director General just about a half hour ago to see what she's seeing and let her know what we're seeing. And at the technical level, we talked about those issues of what is the testing strategy here, of what are we doing in that regard. Over time, the more cases you have, the less resources you really want to put into the testing. One of the strategic approaches that I've talked about over the course of the past week is you want to put your investments and your efforts towards those things that are going to make a difference in people's health. You always want to be re-evaluating that. Early in an outbreak, individual case testing and detection is very important. It's very important in terms of understanding who is at the greatest risk, are there groups that are having more severe disease? You want to make sure that you're gathering case information. At some point, though, you want to transition to understanding the movement through populations, and you don't want to both use up laboratory scientists' time and expensive resources where they're not going to make a difference. So, those discussions are things we have all the time with the World Health Organization. In terms of the southern hemisphere, there are a number of things you want to look at. One is what are the attack rates? Does this become a predominant strain while there are other strains circulating? Here in the United States, this is occurring at a period that we're at the very end of the flu season. And so, there aren't a lot of other flu viruses that are around and competing with it. What happens when it goes into countries where there are other flu viruses causing disease? What happens in terms of resistance? What happens in terms of subtle changes in the virus? What impact could that have here on a vaccine strategy? So, those are just some of the things that we'd be looking at. Here in the room.

The Washington Post: From "The Washington Post." I understand you have not made a decision whether or not to go forward with large-scale vaccine production, but at the same time, you all have been clear that you're positioning yourselves if you need to make that decision. That being said, you're heading into uncharted territory here. You're talking about the prospect of two flu vaccines being simultaneously produced and administered on a large scale. Can you start to talk about the decision-making process and what kinds of things you're going to have to think about, about potentially pulling something like that off?

Besser: Right. Well, we're already working to ramp up the production of the seasonal flu vaccine so that, should we decide to manufacture a vaccine for the H1N1, we'd be able to do that. It's going to be a big decision to decide whether to do that, given the resource implications and how much is unknown and uncertain. And so, thankfully, the steps that we're taking now will put us in position, should we decide to move forward on that. This is involving a work group from across the department. It's involving engagement with industry. And we don't have to make that decision right now. Apart from the decision of do you manufacture a vaccine, if you decide to go down that road, it will then be, who should get that vaccine, how much vaccine do you make, what are the implications for the global community in terms of that there? I've been saying that moving to a stage or phase six doesn't really change what we do here. What it really does do is recognize that infectious agents don't recognize borders. And we as a country have far greater resources to address something like this than much of the world. And so, we really want to ensure that the rest of the global community and World Health Organization is taking a really marvelous lead in this area, is thinking about how do we support countries that don't have as many resources to respond. Next question from the phone.

(Glen) Thank you. Dr. McKay, "Wall Street Journal." Please go ahead.

Wall Street Journal: Hi, Dr. Besser. Thanks very much. In light of the course the disease is taking right now in the U.S., I'm wondering if you're considering revising any of your guidance, like the school guidance? Secondly, I was wondering if -- you said that 62% of the cases right now are under 18 years old. And in general, know that this is striking younger people. I'm wondering if that's something in particular about this virus or is it just the way in which it entered the United States, with you know, a lot of students coming back from Mexico? Thanks.

Besser: Thanks very much. So, the issue of school guidance. Our approach, as I've said, has been very aggressive. You may only get one chance to get out in front of a new infectious disease, and so, that's what we've been doing all along. But as we've gathered more information, we're continually evaluating our guidance. As a pediatrician and as a parent, I know the place where I want kids is in the school learning, but you want to make sure they're doing that in a way that their health is protected. When you think about closure of schools, there are a couple of things you're trying to do. One is protect children from getting this flu from each other and the other is trying to prevent children in being amplifiers in the community. Children tend to share infectious diseases with each other, and then they go in the community and they tend to multiply this in their communities. What we're hearing is that schools that are seeing clusters, that are seeing cases, it appears that the virus is already pretty well established in those communities. And so, closing schools as a means of not letting it spread through the community isn't very effective. And what we're also learning is that the spectrum of the disease, the severity is more similar to what we have seen with seasonal flu. With that information, we are looking at our school closure guidance and we're having very active discussions about whether it's time to revise them. One option would be to do something like they're doing in Seattle, and that they're discussing in other parts of the country, and that's to really push hard on the personal responsibility so that parents in the morning are checking to make sure their kids are not sick, and if they're sick or starting to feel a little sick, they're staying home and they're staying home for a good seven days of that illness. Even if they're feeling better. Having school – really look, and teachers look around that room and see, are any of these kids looking sick? And if they are, send them home until it's certainly whether or not they're sick. Then using schools as a way of really teaching the importance of hand-washing and covering your cough. These are things that schools can do. It's an approach that Canada uses. So, we're in active discussions on this. You know, each day that we get more information makes us feel more comfortable about the progress of this outbreak. And you know, I would expect that as we get more information, we will be looking to revise that guidance in particular. Your other question had to do with the age distribution. And you know, we look at the age distribution and we asked some of the same questions you were asking, and that's, is the age distribution having to do with how the virus was introduced, with more young people going to Mexico, a lot of spring break travel, and then coming back? Is it a delay? Could we see this going into an older population later as this spreads through the community? And we're watching for that. Other possibilities are that, perhaps, older people have some protection, because each year we're all exposed to flu viruses and you develop some immunity. If there were some cross protection, that's another thing that might explain why we're seeing more in younger people and less in the older folks. But that question isn't – don't have a firm answer on that yet. Another question from the phone.

>> Thank you. Brian Walsh, "Time" Magazine, please go ahead.

>> Hi, Dr. Besser. Thanks for taking the call. I know this situation is still one that's evolving, but I was wondering if you could look back at this last week, week and a half, at this response by the CDC and any lessons you've learned in terms of changes you would have made, in terms of how you would have responded to this. Anything you can take from this experience for inevitably, the next emerging infection or emerging pandemic?

Besser: One of the things that we do, whenever there's an outbreak or even when we're exercising, we do what's called an after-action review. We review every aspect of the outbreak. During the event, we ask people to collect ideas of things that we are doing that didn't work, so we can make sure to change our procedures and not do them anymore, and novel things that we've tried that have

worked very well, so we can make sure to incorporate that in our plans moving forward. And we're going to do that here. One of the things that has struck me incredibly over the past two weeks is how prepared we were at the state and local level, how we didn't have to start by explaining to people what influenza was and how it transmitted. We didn't have to talk about how you set up to respond to a very complex, unknown outbreak. There's been an enormous investment around the country in state and local public health in emergency preparedness. A lot of it following the criticisms from Hurricane Katrina and our ability to respond. And those systems have allowed for a very rapid response. Those systems have allowed us to now very rapidly distribute the Strategic National Stockpile. The states know what they're getting. They're going to know how they're distributing that. State laboratories know how to receive a test kit and know what that means and know how to fit into a broader network. The communication materials that we've been sharing over these past two weeks are really modifications to materials that were developed in the event that we had an outbreak of the Avian strain. So, those preparing efforts have been enormously rewarding. And while no micro reads the plan or follows the plan it allows us to respond in a very nimble way.

Another question from the phone?
(Glen) Thank you. Donna Young, "Bio World." Please go ahead.

Bio World: Hi, yes, thank you for taking my call. I had a question again about the vaccine. If they do make a decision to go forward with a vaccine, and it's the vaccine that's against the current virus, what happens when the virus, if it mutates and comes back as a, you know, as a completely different virus? How will that vaccine protect people? And then also, going back again to when you were talking about the immunities that people are building up. Isn't there a chance with all of this now, you know, in trying to keep people away from getting the virus, that maybe, it's maybe doing more harm than good if they could get the virus now at, you know, when it's milder than when it may come back later as something more heavy-duty, like in the 1918 flu?

Besser: Let me take your first question first about the vaccine. You know, each year there's a process for selecting what strains are going to be in the next season's flu vaccine. And Dr. Cox is part of that process and is part of the World Health Organization committee that helps select that strain. Some years, we get it right on target, and some years not as much. And a lot of that has to do with the subtle changes that take place in the virus over time. And so, your question is right on target. You could see a major change in the virus that makes the vaccine less effective. Do you want to add anything to that? No. The issue about exposure now and whether it's protective – there has been work done looking back at previous pandemics. I think 1918 in particular. And some have suggested that in the early first wave, some of those people may have been protected from later disease. There are a number of unknowns right now. One is, will there be later disease, and if so, will it be more severe? But it's very difficult right now to say that you would not want someone to get – that you would want someone to get this infection, given what we know about flu viruses and the fact that each year, there are a lot of people who get very sick and many who die. And so, we don't have a firm answer to that, but it's our belief that protecting people from this infection is the right way to go. Two more from the phone. Telephone?

(Glen) Thank you. Malcolm Ritter, "Associated Press," please go ahead.

Associated Press: Hi. Thank you very much. Dr. Besser, can you tell us anything more about those hospitalization cases? How many of these patients have underlying conditions other than the flu, and how many went on ventilators? Were they hospitalized for problems you wouldn't normally see with seasonal flu? And have any of them been released?

Besser: All I can share with you about the hospitalizations, because we don't have detailed case reports on all of the hospitalizations, is that it appears the age distribution is the same or very similar to what we're seeing with the cases in general, but I can't -- I don't have additional information for you now on underlying diseases and those kinds of things. Another question from the phones?

(Glen) Thank you. Tom Costello, NBC News, please go ahead.

NBC News: Hi, doctor, thank you. I just wanted to clarify the incubation period. Last week, we were told you thought it was somewhere between two and seven days. Is that still the case? Can you give us an update on that?

Besser: Okay. Yeah. Yeah, that's correct, we're still going with that estimate. Last question here in the room? Or is there someone who hasn't asked a question? Yeah?

Hospital Employee Health newsletter: I'm Michelle Mauro with Hospital Employee Health newsletter. I just want to follow up with questions about the vaccine. Historically, we've seen some reluctance on the part of health care workers to receive the seasonal flu vaccine. We have some interesting history with vaccines from the smallpox vaccine and the earlier swine flu vaccine. Do you think there will be a distrust in this vaccine or do you think people will embrace it because it might prevent the spread of something that could become very serious?

Besser: It's very important as we develop vaccines, whether it's for this H1N1 disease or for any infectious disease, that we take proper precautions and do safety testing and do all we can to ensure that, you know, something we're injecting into someone is safe and it's going to prevent the illness that's intended. And that's critically important. As a pediatrician, you know, I don't think that there's anything that I do for my patients that has more of an impact on their health than assuring that they're vaccinated when they start school. That I know saves lives. I've worked in clinics around the world and taken care of children who had vaccine-preventible disease, and it just breaks my heart. That's something we know that works. But we have the responsibility of assuring that any vaccine we give to people, we believe fully that it's safe. Thank you all very much. Appreciate it.

(Glen) Thank you. This does conclude today's conference call. We thank you for your participation. You may now disconnect your lines.

Media group / Tajikistan
ASIA-Plus

Swine flu epidemic in Mexico past its peak – health minister

Asia-Plus, ITAR-TASS, 4 May 2009, 13:58,
https://www.asiaplustj.info/en/news/world/20090504/swine-flu-epidemic-mexico-past-its-peak-health-minister

The swine flu epidemic in Mexico is past its peak, Health Minister Jose Angel Cordova Villalobos said on Sunday.

The number of recovered and recovering patients grew by 33 to 487 over the day. The death rate has been unchanged, 19, since Saturday.

In all, Mexico has done 1,280 swine flu tests.

The disease was registered in 18 states of Mexico, mostly in the capital area.

As of 3:00 p.m. Moscow time on May 3, the number of countries reporting A/H1N1 cases had grown from 15 to 17, according to the World Health Organization (WHO). In all, 787 cases were reported, including 20 lethal.

Russian authorities will have an intercom conference on Monday to discuss the prevention of swine flu cases in the country, the Federal Consumer Rights and Human Well Being Service said on Sunday.

CNN Health

Elizabeth Cohen

When a pandemic isn't a pandemic

CNN, Health, 4 May 2009 // 22:42 GMT (06:42 HKT)
https://edition.cnn.com/2009/HEALTH/05/04/swine.flu.pandemic/index.html

Atlanta, Georgia (CNN) – When the World Health Organization raised its influenza pandemic alert from a Phase 4 to a Phase 5 last week, there was a bit of a gasp heard round the world.

News about the pandemic sent people to line up at a mobile health clinic in Mexico City.
After all, Phase 5 "is a strong signal that a pandemic is imminent," according to WHO.

"All countries should immediately activate their pandemic preparedness plans," the organization's director-general, Dr. Margaret Chan, said Wednesday. "After all, it really is all of humanity that is under threat during a pandemic."

But the word "pandemic" isn't quite as scary as it sounds, explained **David Ozonoff**, professor of environmental health at the Boston University School of Public Health.

"When people hear the words 'pandemic' and 'flu,' the first thing that comes to mind is 1918, which was a real horror show," Ozonoff said, referring to the flu pandemic that killed some 50 million people 91 years ago. But you can have a pandemic without a large number of deaths, he said. "The word pandemic refers to how widely dispersed a disease is, not to how severe the disease is," he said.

Confusion about the meaning of "pandemic" is understandable, Ozonoff said, considering the definition of the word is "not set in stone."

Until Monday morning, the WHO *had a definition on its Web site saying* that a pandemic flu causes "enormous numbers of deaths and illness." After a CNN reporter pointed this out, WHO spokeswoman *Natalie Boudou*[*] called back to say the definition was in error and had been pulled from the WHO Web site.

"It was a mistake, and we apologize for the confusion," she said. "(That definition) was put up a while ago and paints a rather bleak picture and could be very scary."

The correct definition is that "pandemic" indicates outbreaks in at least two of the regions into which WHO divides the world, but has nothing to do with the severity of the illnesses or the number of deaths.

Based on lessons from the past, "influenza may cause mild disease in affluent countries, but more severe disease, with higher mortality, in developing countries," Chan said at Wednesday's news conference.

There have been three influenza pandemics in this century, said Andrew Pekosz, associate professor of microbiology and immunology at Johns Hopkins University's Bloomberg School of Public Health. The other two, in 1957 and 1968, also were caused by new viruses to which no one had immunity, but didn't cause nearly the number of deaths as the one in 1918.

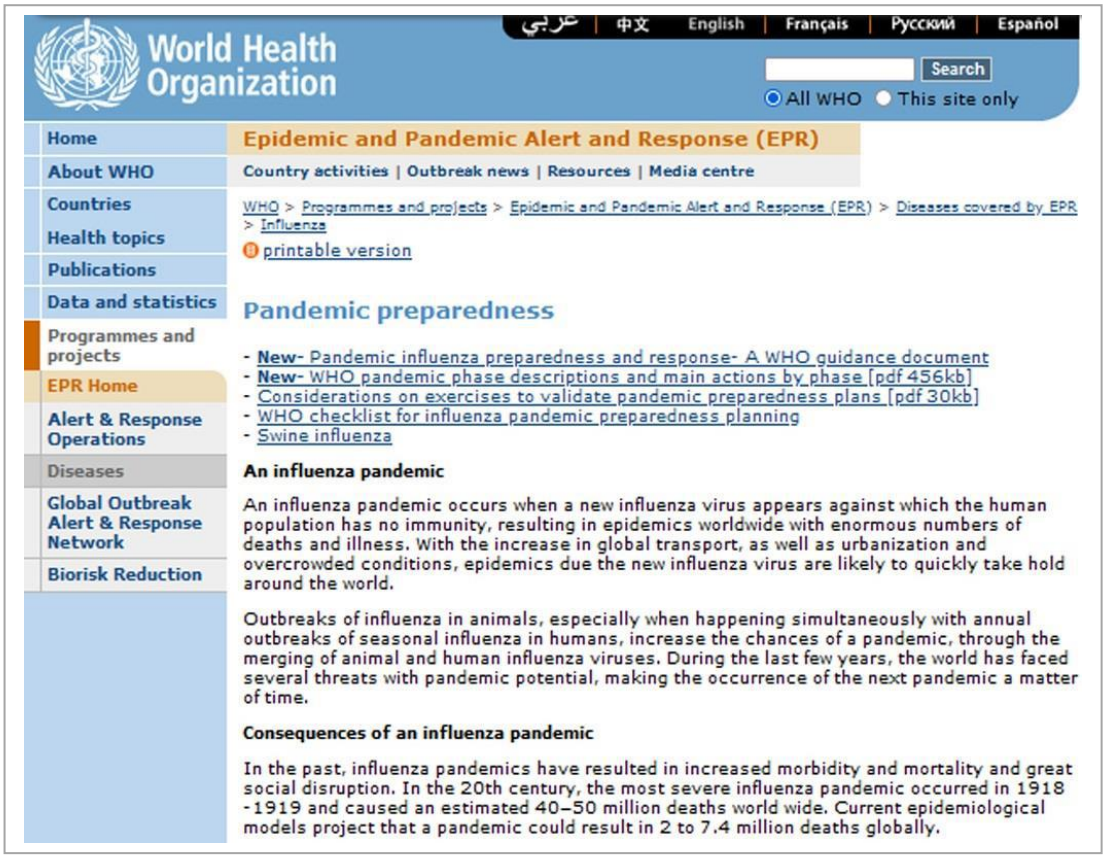
"I think people need to be reminded that this current H1N1 outbreak is going to resemble much more the pandemics in 1957 and 1968, where there was an increase in deaths from other years, but nothing like the millions of deaths we saw in 1918," Pekosz said.

[*] Natalie Boudou-Jacobs, Communications Officer, WHO Geneva, email: boudoun@who.int
See: https://web.archive.org/web/20130617215844/http://www.who.int/mediacentre/news/notes/2008/np11/es/
& https://context.reverso.net/traduction/anglais-francais/who+geneva+telephone

World Health Organization

Epidemic and Pandemic Alert and Response (EPR)

Pandemic preparedness, Geneva, WHO, 4 May 2009; *00:56:05*
https://web.archive.org/web/20090504005605/http://www.who.int/csr/disease/influenza/pandemic/en/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Pandemic preparedness
- New- Pandemic influenza preparedness and response- A WHO guidance document
- New- WHO pandemic phase descriptions and main actions by phase [pdf 456kb]
- Considerations on exercises to validate pandemic preparedness plans [pdf 30kb]
- WHO checklist for influenza pandemic preparedness planning
- Swine influenza
An influenza pandemic
An influenza pandemic occurs when a new influenza virus appears against which the human population has no immunity, resulting in epidemics worldwide with enormous numbers of deaths and illness. With the increase in global transport, as well as urbanization and overcrowded conditions, epidemics due the new influenza virus are likely to quickly take hold around the world.
Outbreaks of influenza in animals, especially when happening simultaneously with annual outbreaks of seasonal influenza in humans, increase the chances of a pandemic, through the merging of animal and human influenza viruses. During the last few years, the world has faced several threats with pandemic potential, making the occurrence of the next pandemic a matter of time.
Consequences of an influenza pandemic
In the past, influenza pandemics have resulted in increased morbidity and mortality and great social disruption. In the 20th century, the most severe influenza pandemic occurred in 1918 -1919 and caused an estimated 40–50 million deaths world wide. Current epidemiological models project that a pandemic could result in 2 to 7.4 million deaths globally.

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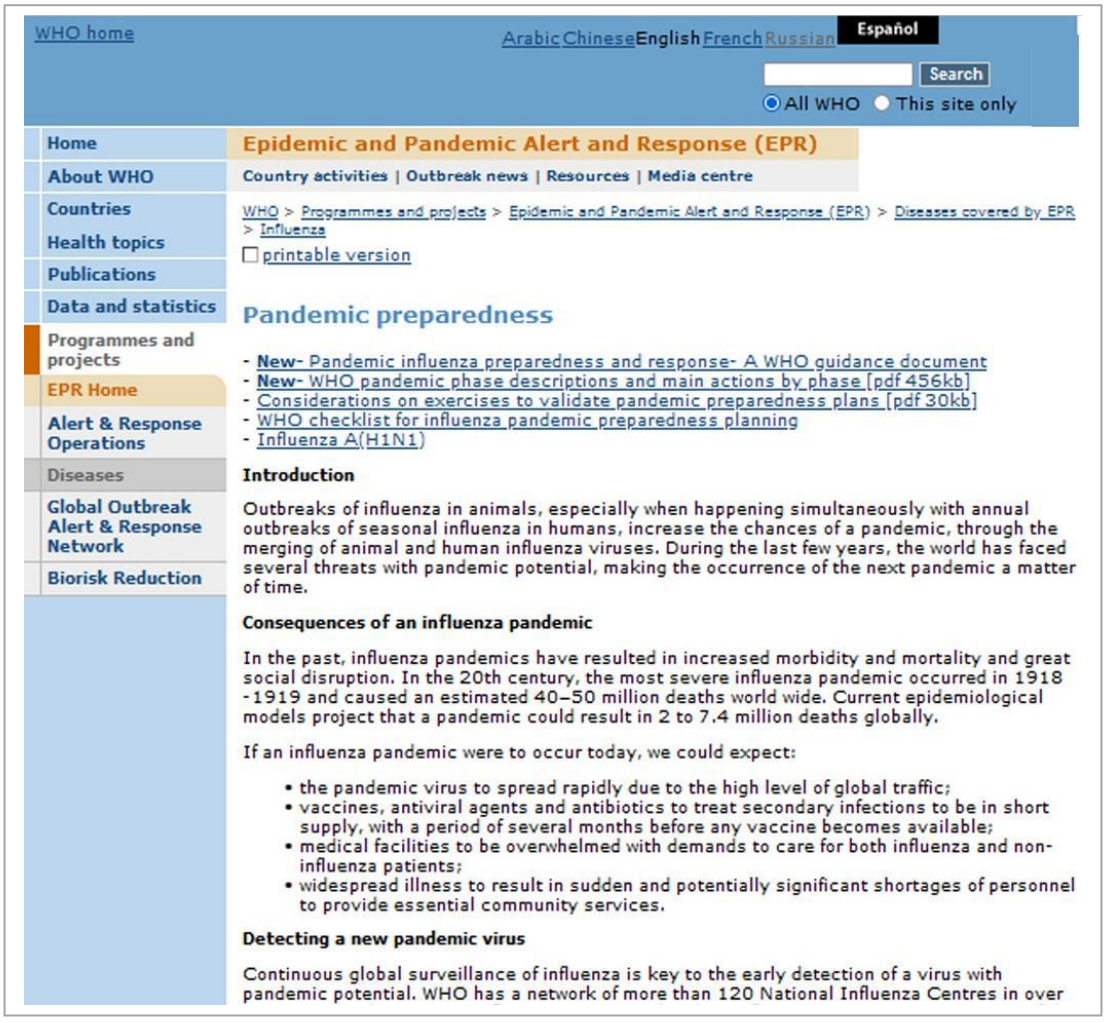
See: Teppone M. *Definition of Pandemic on the WHO website*: A Collection of articles, documents, news, and remarks on the history of changing the definition of a pandemic on the WHO website. – *Preprint*, July, 2023. DOI: 10.13140/RG.2.2.11046.29760/1

World Health Organization

Epidemic and Pandemic Alert and Response (EPR)

Pandemic preparedness, Geneva, WHO, 4 May 2009; *20:58:39*
https://web.archive.org/web/20090504205839/http://www.who.int/csr/disease/influenza/pandemic/en/



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- Influenza A(H1N1)

Introduction

Outbreaks of influenza in animals, especially when happening simultaneously with annual outbreaks of seasonal influenza in humans, increase the chances of a pandemic, through the merging of animal and human influenza viruses. During the last few years, the world has faced several threats with pandemic potential, making the occurrence of the next pandemic a matter of time.

Consequences of an influenza pandemic

In the past, influenza pandemics have resulted in increased morbidity and mortality and great social disruption. In the 20th century, the most severe influenza pandemic occurred in 1918 -1919 and caused an estimated 40–50 million deaths world wide. Current epidemiological models project that a pandemic could result in 2 to 7.4 million deaths globally.

If an influenza pandemic were to occur today, we could expect:

- the pandemic virus to spread rapidly due to the high level of global traffic;
- vaccines, antiviral agents and antibiotics to treat secondary infections to be in short supply, with a period of several months before any vaccine becomes available;
- medical facilities to be overwhelmed with demands to care for both influenza and non-influenza patients;
- widespread illness to result in sudden and potentially significant shortages of personnel to provide essential community services.

Detecting a new pandemic virus

Continuous global surveillance of influenza is key to the early detection of a virus with pandemic potential. WHO has a network of more than 120 National Influenza Centres in over

Introduction

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CIDRAP

Michael T. Osterholm

How soon can you expect phase 6, and what really changes when the phase does?

CIDRAP, University of Minnesota, May 4, 2009
https://www.cidrap.umn.edu/business-preparedness/how-soon-can-you-expect-phase-6-and-what-really-changes-when-phase-does

As the novel H1N1 influenza virus (aka the "swine flu") spreads to more countries and sickens more people, the question invariably arises, when will the World Health Organization (WHO) change the pandemic alert level to phase 6?

It's a fair question, though not necessarily the most important one. We often measure the magnitude of events and dilemmas by numbers. The problem is I hear a great deal of confusion about what such a change means.

So let me set the record straight

The WHO phases measure the *transmission ability* of the virus, **not** the *severity of a pandemic*. If your plan hinged on a severe scenario, you may be finding yourself in a tough spot at the moment, trying to explain what all the fuss has been about.

Don't be surprised if the WHO bumps the phase to 6 any day now. In some ways, Margaret Chan, MD, director-general of the WHO, has been foreshadowing just such an announcement. But know that phase 6 is not necessarily a proclamation of disaster.

What about severity?

With the exception of the severe illnesses it caused in Mexico, the new virus is behaving in many ways like a mild seasonal influenza strain. And even the proportion of cases in Mexico that can be considered severe may be very small if we consider the many mild cases that were likely missed with the current disease surveillance conducted by the Mexican public health authorities.

If and when the WHO announces a move to phase 6, the outbreak will be officially dubbed a pandemic. As such, according to the new WHO definitions, the virus will be causing "sustained community level outbreaks in at least one other country in another WHO region." In other words, phase 6 means the virus is causing widespread human infection.

Will it continue to cause mild illness? First, let me say that if you or someone in your care has come down with seasonal influenza any time recently, you may not think "mild" is an adequate word to describe the illness. Any strain of flu will make a person feel horrible, and some people worse than others. Which is exactly why we work so hard to immunize people each year.

As to the question, will the novel virus continue to cause so-called mostly mild illness, the truth is that not a soul on the planet can provide an answer yet. As I've said before, the virus could fizzle out in days, weeks, or months without causing more severe illness than a mild seasonal influenza strain would. Or it could go away for a few months, only to reappear in a form that could cause severe sickness and death. And yet another scenario is the virus continues on its present course, mutating as it passes through the population to become much more dangerous.

Can you cancel 'red alert'?

As I mentioned in my last column, the best response is always a *proportional response*. Actions need to be tied to the level of risk. Only in this way can we maintain our credibility. And that brings me to the topic of school closures.

Given that the novel virus is behaving like the seasonal influenza, certain community mitigation measures implemented early on out of caution are no longer warranted. For example, the Minnesota Department of Health (MDH) today announced that it would no longer recommend school closures when a student is identified as having the novel H1N1 influenza. That's a prime example of proportional response.

Don't be surprised to see the US Centers for Disease Control and Prevention (CDC) revise its guidelines about school closures, too, if the current pattern of mild illness persists. It makes so much more sense to keep one sick child home (whether the illness is caused by the new virus or a strain of seasonal influenza) than to cause the disruption of entire schools, which can put an unnecessary burden on your employees and your business. And, in the long run, it's an action that should reinforce credibility.

I'd urge your organization to think in terms of proportional response, too. Would you ban travel to places like Mexico if the seasonal influenza virus were causing illness similar to the illness that this new H1N1 influenza strain is causing? I don't think so. My rule of thumb right now is to ask, "Would I recommend our organization take this action if we were responding to routine seasonal influenza?" If your answer is yes, then that's a proportional response. If not, ask yourself why you are making this recommendation for dealing with the novel H1N1.

What to make of media coverage

The whipsaw of media attention is stunning. Just last week, in search of a new angle to the novel influenza strain, reporters from prestigious media outlets were sleuthing for evidence that government officials had not been forthcoming soon enough about how serious the outbreak was. This week, the prattle has flip-flopped. Now the media suspect that much ado has been made about the outbreak and that that public health officials overreacted.

What is distressing is that as the media industry, particularly the print business, has contracted, some of the finest health reporters in the nation have lost their positions. I have tremendous respect for solid journalism, and I make myself available to reporters as much as possible to help keep the record straight. So I can tell you that without a doubt the quality of questions coming my way indicates a growing ignorance about the field of infectious diseases.

Not only is this discouraging, it's downright dangerous. You cannot count on the media (with notable exceptions) to give you reliable information. So I urge great caution when reading, listening to, or reviewing any story that relates to this novel H1N1 influenza outbreak. I urge you to caution your C-suite about this as well. They need to know that decision-making simply cannot be made based on the popular media.

From what I've seen – and I've been in the thick of this – for one to believe accusations that public health officials are either underplaying or overblowing information about what could be an emerging pandemic is quite frankly ludicrous.

To make matters worse, as one of my colleagues mentioned today, if you consider the growing new milieu of social networking, you could say that narrow-casting of information has created a kind of echo chamber for misinformation.

Rest assured, that will not be the case with news, information, and resources that come from the Center for Infectious Disease Research and Policy (CIDRAP). Everyone makes mistakes from time to time, but at CIDRAP Business Source, we go the extra mile to make sure you are getting intelligence that is authoritative and reliable.

.

You have my word on that.

And here is today's breaking news:

- The WHO reported **1,085 confirmed cases of influenza A/H1N1 (swine flu) and 26 deaths in 21 countries** as of 18:00 p.m. GMT (noon US EST) today, up from 985 cases in 20 countries reported earlier in the day. Mexico has reported 590 confirmed cases and 25 deaths. The WHO's latest total reflects today's updated US numbers from the CDC, which stand at 286 cases and 1 death. [WHO update 14]

- At a WHO media briefing today, Keiji Fukuda, MD, the WHO's assistant director-general for health security, emphasized that the rationale for **any future move to pandemic alert phase 6 wouldn't be based on disease severity, but rather on sustained outbreaks** in more than one WHO region. On Apr 29 the WHO raised the pandemic alert to its current level, phase 5, which signifies sustained community outbreaks in two or more countries within one WHO region.

- The CDC will begin reporting "probable" cases of flu in addition to confirmed cases to **give a better sense of the size of the US epidemic**, acting director Dr. Richard Besser said Monday. In addition to the 286 confirmed cases, there are more than 700 probable cases in the United States.

- The CDC will work with international health authorities to **monitor the southern hemisphere's flu season**, beginning shortly, to see how the novel H1N1 strain behaves in competition with other flu viruses. "That will tell us a lot about whether the virus is changing and what measures we might want to take in the fall," Besser said.

- Tomorrow the WHO will host its **second scientific teleconference to address clinical issues** surrounding patients who have influenza A/H1N1 (swine flu) infections, the WHO's Fukuda said today at a media briefing. The conference will allow scientists to share information on crucial topics such as disease severity. The topic of the first teleconference, held on Apr 29, was the influenza situation in Mexico.

REUTERS

Maggie Fox

More get flu across U.S., 286 cases in 36 states

Reuters, 5 May 2009, 3:25 AM
https://www.reuters.com/article/idUSN04415844

WASHINGTON, May 4 (Reuters) - The new H1N1 swine flu has infected 286 people in 36 U.S. states and it is likely to spread to every state, the U.S. Centers for Disease Control and Prevention reported on Monday.

Most cases remain mild but 35 have been hospitalized, the CDC's acting director, Dr. Richard Besser, told a news conference. A toddler who died in Texas last week remains the only death in the United States so far.

In Mexico, officials say they hope cases there will continue to decline, but it was clear the outbreak of the never-before-seen strain of influenza was growing elsewhere.

Besser said the virus was so clearly everywhere that the CDC might step down its recommendations to test people so that state and federal health officials could spend their limited time and resources elsewhere.

"We are seeing over 700 probable cases in a total of 44 states," Besser said. So far, 99 percent of probable cases have, upon further testing, turned out to be the new H1N1 strain, Besser said.

"This likely represents an underestimation of the total number of cases across the United States," Besser added, because most people with flu-like symptoms – fever, aching muscles and cough – are not even getting tested.

Besser said the CDC was even reconsidering the strategy of closing schools where cases turn up. More than 500 U.S. schools have been closed because of outbreaks.

Schools are closed to protect children, and to keep children from being "amplifiers" who spread an infection in the community. But this virus is looking to be as mild as seasonal flu, which only rarely kills children.

"It appears that the virus is already pretty well established in those communities," Besser said. "So we are looking at the school closure guidance."

That does not mean the virus is harmless, he noted. Seasonal flu infects an estimated 30 million Americans every year, about 10 percent of the population, kills 36,000 and puts 200,000 into the hospital.

"People are hospitalized and die every year with seasonal flu," Besser said. The new virus has killed people in Mexico and can expect to kill elsewhere, as well, he said.

He said he was pleased at how well-prepared state and local officials were for the outbreak – a result of years of planning for pandemic influenza and other disasters that started with the 2001 anthrax attacks, accelerated when H5N1 avian influenza re-emerged in 2003 and kicked into high gear when the response to Hurricane Katrina in 2005 was so poor.

Россельхознадзор / Грипп A/H1N1/Калифорния/04/2009
федеральная служба по ветеринарному и фитосанитарному надзору

Интервью Руководителя Роспотребнадзора
Геннадия Григорьевича Онищенко

«Грипп А, H1N1, Калифорния/04/2009»

«Эхо Москвы», программа «В круге СВЕТА», 5 мая 2009
(стенограмма – doc658)

Гость: Руководитель Федеральной службы по надзору в сфере защиты прав потребителей и благополучия человека. Геннадий Григорьевич Онищенко
Ведущая: *Светлана Сорокина*

С. Сорокина: Здравствуйте, здравствуйте. Это программа «В круге СВЕТА». Сегодня в студии работаю я, Светлана Сорокина. И я сразу представлю вам моего собеседника. Это Геннадий Онищенко. Здравствуйте, Геннадий Григорьевич.
Г. Онищенко: Здравствуйте.

С. Сорокина: Это главный государственный санитарный врач РФ и руководитель Федеральной службы по надзору в сфере защиты прав потребителей и благополучия человека. Какое длинное название. Сами придумывали?
Г. Онищенко: За нас.

С. Сорокина: За вас придумали. Ну как-то звучит очень многообещающе. Но об этом еще поговорим. Итак, несмотря на то, что Всемирная организация здравоохранения (ВОЗ) настаивает на высоком уровне опасности, мы то ли устали уже бояться, то ли привыкли уже к сообщениям об этом самом т.н. «свином гриппе», как его первоначально называли, потом калифорнийский, потом H1N1. Ну вот. Но, тем не менее, он продолжает распространяться, и первым делом – все-таки действительно он такой страшный, как казалось первоначально, или ничего особенного?
Г. Онищенко: Ну, на самом деле, его истинное название изначальное было – грипп А, H1N1, Калифорния, 04 2009. Это самое исконное, самое правильное его название. Потому что гриппов H1N1 по меньшей мере несколько тысяч уже было. За всю нашу совместную и неоднозначную историю сосуществования гриппа H1N1…

С. Сорокина: Этого вируса и нас.
Г. Онищенко: И нас, человечества, да. На самом деле, действительно, ситуация состоит в том, что человечество по меньше мере десять лет уже ждет появления нового штамма, так называемого нового пандемического штамма гриппа.

С. Сорокина: То есть того, который пронесется и будет страшным?
Г. Онищенко: Нет. Тот, который действительно резко изменит свой генетический код, произойдет резкий генетический дрейф, и человечество будет снова после этого революционного всплеска последовательно накапливать коллективный иммунитет против нового гриппа. Если вы помните, в 2005 году наша страна столкнулась с H5N1, тогда тоже было

много шума. Этот шум был небескорыстный, я бы так сказал, хотя, в общем-то, угроза была реальная. Потому что с H5N1 человечество еще не встречалось. И если говорить об этой статистике, то где-то с 2003 года в 14 странах мира зарегистрировано порядка 470 случаев, 250 из которых завершились смертельно. То есть два к одному – два заболевают, один умирает при H5N1. И все тогда говорили, что это не последний. После H5N1 был H7N7.

С. Сорокина: А который называли птичьим гриппом?

Г. Онищенко: Вот тот H5N1. На самом деле, свиной и птичий – это неверные названия. Скажу позже, почему. Потом был H7N7, потом был H9. И вот сейчас вновь пришел H1N1.

С. Сорокина: То есть это не новенький грипп?

Г. Онищенко: В данном случае не новенький. То есть естественный ход событий нарушен. Раньше было как? Дикая популяция водоплавающей птицы, переход на домашнюю птицу, с домашней птицы, как правило, на свинью домашнюю, свинья очень близка нам по своей физиологии, является почти идеальной биологической моделью человека, на ней очень легко испытывать лекарства…

С. Сорокина: Нифига не льстит.

Г. Онищенко: Ну надо просто знать себе цену. Чего ж вы так-то о себе так хорошо размечтались? В данном случае природа указывает нам на наше место в эволюции. Итак, со свиньи уже переходило на человека. В данном случае произошло другое. Вот где-то 50 лет как минимум точно, гипотетически с «испанки» H1N1, человечество сталкивалось с этим гриппом.

С. Сорокина: То есть у нас близкий к «испанке»?

Г. Онищенко: Если говорить изначально, H1N1 рядом. Но мы с ним уже живем почти век. Потом он уходит снова к свинье, то есть опускается на эволюционную ступень ниже, там приобретает новые совершенно свойства, происходит реасортация с тремя штаммами, и вот уже, приобретя новые силы, он возвращается к человеку. Судя по всему, он чего-то не досчитал. Ему надо было все-таки побольше побыть на свинье. У него не хватает трансмиссибельности. Он от человека к человеку передается, но не так, как нужно было бы настоящему пандемическому штамму. Где-то он не сработал. Сказать, когда это произойдет, тоже нельзя, потому что слишком малый период наблюдений. Если бы мы, допустим, его понаблюдали несколько лет – допустим, он первый появился, потом через год еще раз мутировал, потом еще раз, и тогда мы бы поняли, насколько скорость его мутации и приобретение этих свойств быть пандемическим штаммом заложено к его генетическом коде. Пока этого сказать нельзя. Но что показывает объективная реальность? Ну вспомните, две недели назад впервые официальные власти Мексики и медицинские власти США объявляют о появлении нового штамма. Тогда говорили о трех тысячах…

С. Сорокина: Но потом не подтвердилось.

Г. Онищенко: Нет, а потом, когда научились типировать, когда научились лабораторно подтверждать, сейчас все вернулось на круги своя – где-то тысяча с небольшим подтвержденных случаев, двадцать с небольшим случаев смертельных. Прежде всего, в Мексике и в 32 штатах Америки регистрируют сейчас этот штамм. Ну, если мы с вами в наш обычный эпидемический подъем в городе Москве в день, когда мы говорим «наступил эпидпорог, начался эпидемический подъем», в день регистрируем больше десяти тысяч. В десятимиллионной Москве. То здесь практически за полтора месяца, потому что с момента объявления прошло две недели, а с момента первых регистраций, а это было 18 марта…

С. Сорокина: То есть за полтора месяца.

Г. Онищенко: За полтора месяца всего лишь какие-то тысяча с лишним. То есть контактность у него не такая уж большая. Еще один аргумент. США, люди предельно прагматичные, с высоким уровнем здравоохранения – они даже не госпитализируют этих больных.

С. Сорокина: Просто лечат на месте?
Г. Онищенко: Просто лечат дома.

С. Сорокина: Вирус и вирус.
Г. Онищенко: Да, лечат дома, лечат амбулаторно. И лишь единиц – только с жизненным показанием для человека, а не с точки зрения его контактности, - они госпитализируют. Вот эти факторы говорят о том, что все-таки мы пока имеем дело с кандидатом, но еще недостаточно сильным кандидатом на пандемический штамм.

С. Сорокина: Извините, перебью, Геннадий Григорьевич, то есть практически получается, что весь этот шум и наши опасения вызваны именно ожиданием какого-то нового страшного прорывного штамма?
Г. Онищенко: Есть ожидание. И вы понимаете, я вам это говорю не потому что мы, медики, расслабились и ждем. Мы действительно ждем нового штамма. Но контент, логистика должна быть другой. Ну дайте слово врачам. Пусть они спокойно…

С. Сорокина: Спокойно. ВОЗ сколько там, пятерку поставила опасности?..
Г. Онищенко: Я о ВОЗ, если позволите, отдельно скажу. Спокойно. Будут рассказывать о том, как нужно бороться. Вот сегодня американцы дали великолепный почти комикс с точки зрения восприятия. «Я подозреваю, что я болен: раз, два, три».

С. Сорокина: Делай раз, делай два, делай три.
Г. Онищенко: Да. Я болен – раз, два, три. У меня в окружении, в моей семье заболели – абсолютно понятно. Человек это прочтет – он только от прочтения успокоится, что да, в принципе, наверное, что-то страшное, но не такое, что…

С. Сорокина: А почему нам такое не сделать?
Г. Онищенко: А мы сделали. У нас, во-первых, нет этих случаев, слава богу. И мы взяли американские данные, их перевели и на нашем сайте разместили. И просим вашу радиостанцию периодически делать какие-то такие вставочки. Вот это был бы нормальный ход истории. Что же происходит? Я сейчас не буду про это говорить вариант, я скажу про 2005 год в нашей стране. Сцены ужаса, горящие огни, бегающие в скафандрах молодые защитники человеческой популяции от этого невидимого, но страшного врага, тревожные голоса ваших коллег…

С. Сорокина: Ну а что, правда, страшно. Вдруг это был бы действительно тот самый новый прорывной?
Г. Онищенко: **Это была хорошо спланированная тогда информационная диверсия**.

С. Сорокина: Да я вас умоляю. А может, это большой интерес фармакологических компаний?
Г. Онищенко: И был не большой интерес фармакологических компаний. Тогда люди не болели, некому было эту фармакологию скармливать. А тогда был большой интерес в смысле передела рынков белого мяса.

С. Сорокина: А, вот в чем дело!
Г. Онищенко: Это было.

С. Сорокина: А сейчас свинину, значит, переделывают.
Г. Онищенко: Нет, а свинина сейчас играет третьестепенную роль. Вот сейчас – я вот тут высказывался по поведению нашей доблестной Всемирной Организации Здравоохранения, и я считаю, что я имею на это право… Вот мы получили штамм. В Мексике получили, не в США. Если бы еще мы получили в США, я бы еще мог поверить этим данным. Нам говорят: «Этот вирус не чувствителен ни к чему, только к одному тамифлю». И все. И наша любимая

ВОЗ, которая является средоточием всего положительного, что есть у здравоохранения на этой планете, выступает в роли маркетингового отдела фирмы «Ля Рош», которая совершенно случайно оказалась в той же Швейцарии, в том же городе Женева. Ну разве так можно?

С. Сорокина: Ну, может, оно действительно помогает, это лекарство?

Г. Онищенко: Оно действительно помогает. И, может быть, лучше всех помогает. Но они забыли о чем? Что есть, во-первых, международная панель применяемых противовирусных препаратов. Ну хорошо, ну дайте всем странам штамм, вот нам, например, и мы проверим его чувствительность и скажем – да, вот этот препарат не работает, вот этот работает хуже, вот этот нормально работает, а вот этот ну идеально работает. И вот тогда, составив эту панель, мы скажем и начнем уже свои стандарты лечения.

С. Сорокина: Так а что, не дают?

Г. Онищенко: Ну, они могут дать, они должны были дать. Дать сегодня могут только американцы. Американцы нам дают. Но опять – сегодня я вот ехал к вам на передачу, из Атланты они опять нам его не выслали, потому что они ему присвоили категорию А, а категория А – это другие перевозчики. Ну, то есть начинаются эти бюрократические заморочки. Ну получим мы его в конце концов, это, как говорится, сейчас не самое страшное. Вот вам частичный ответ на ваш вопрос. Теперь – меня это беспокоит еще и с другой стороны. Мы не можем еще сказать, что все, отбой. Напряжение остается. Но пусть оно будет у нас, профессионалов. Мы сейчас контролируем прилет самолетов. Мы занимаемся расчетом необходимых медикментов, раз уж пятый уровень угрозы. Следующий шестой, и все.

С. Сорокина: Пандемия?

Г. Онищенко: Да. Мы расчеты делаем, мы врачей готовим. Мы смотрим наши материальные ресурсы, нашей лечебной сети, страновые. Вот я вчера утром провел селекторное совещание со всеми субъектами Российской Федерации, где руководители на уроне замов губернаторов рассказывали, что у них решено, что не решено, что нужно решать. То есть шел нормальный разговор всех причастных структур. И дай бог. Но, вот вы правильно сказали, когда и россияне, и другие страны мира, и, прежде всего, мексиканцы исчерпали ресурс адреналина, который они потратили на эту психопатическую кампанию, которая была развернута в СМИ, я понимаю правила игры журналистов – им надо подать весомо, ярко зримо эту информацию, но где-то ж нужно и не перебирать это. Поэтому, конечно же, как всегда, в этой информационной кампании неправильно расставлены акценты. Со скидкой на правила жанра.

С. Сорокина: Ну, знаете ли, а вдруг это действительно оказался бы тот самый революционный штамм, и нужно действительно, чтобы опасения были у всех, чтобы люди были настороже и принимали меры.

Г. Онищенко: Да, я согласен, но давайте будем сотрудничать.

С. Сорокина: Сотрудничаем. Вы к нам пришли и говорите.

Г. Онищенко: С вами мы сейчас сотрудничаем.

С. Сорокина: Геннадий Григорьевич, дайте спрошу. А вот скажите, пожалуйста, а вот эта «испанка» знаменитая, которую все вспоминают, кому не лень, 18-й год, 50 миллионов, помоему…

Г. Онищенко: Это как бы.

С. Сорокина: Ну примерно. Там трудно считать было. Огромные жертвы. Еще и Первая Мировая, и прочее. Но все-таки миллионы жертв были.

Г. Онищенко: Согласен.

С. Сорокина: Очень страшно. Это что, действительно была какая-то новая мутация, это был новый штамм?

Г. Онищенко: Это как раз была классическая пандемия, которая произошла в результате появления нового пандемического штамма, против которого у человечества, которое жило в тот период на планете, не было ни индивидуального, ни коллективного иммунитета. Произошел резкий дрейф. Мы как человечество оказались не готовы. И тогда и возможности здравоохранения были другие. Не было антиретровирусных препаратов, не было такого уровня здравоохранения, который есть сейчас и в Европе, и у нас в России, в развитых странах. Это играло свою роль, и очень серьезную роль играло. И за прошлый, 20-й век, в который мы с вами родились, произошло три таких полноценных и еще две абортивных пандемии, когда появлялись новые штаммы. Срок примерно 30 лет, потом 10 лет, потом…

С. Сорокина: А со времени последней сколько прошло?

Г. Онищенко: Уже много, больше 30 лет.

С. Сорокина: То есть поэтому и ждем?

Г. Онищенко: Поэтому мы и ждем. И особенность этой пандемии состоит в том, что у нас как минимум три штамма циркулирует. Вот при еще не закончившемся подъеме заболеваемости эпидемическом у нас с вами циркулировал A H1N1, A H3N2 и B. Вот три штамма у нас были такой классической триадой, и против всех трех у нас была актуальная вакцина.

С. Сорокина: То есть прививаться все-таки есть смысл против этих гуляющих гриппов?

Г. Онищенко: Одним из главных пунктов, являющихся результатом коллективного труда всех врачей на планете является вакцинация. И вот смотрите, что сейчас происходит. Мы уровень тревоги не снимаем, он остается пятым. Мы проводим меры сейчас и в нашей стране, и в других странах. Но если вы меня спросите, где наиболее уязвимо сегодня, вот по всем законам эпидемиологии сегодня уязвимо южное полушарие. Почему? Потому что там наступает зима. И вот на фоне тех заболеваний, которые туда, несомненно, придут из тех штаммов, если туда присоединиться еще этот новый, он может за период этого полугодия мутировать, приобрести дополнительные свойства, и уже к нам на северное полушарие прийти во всей своей зловещей красе. Вот это может произойти.

С. Сорокина: Но сейчас пандемии не будет, на ваш взгляд?

Г. Онищенко: Я не могу, как говорится, отступать от корпоративных вещей. Тем более, что априори у всемирной организации больше данных сегодня удерживать этот пятый уровень, но я говорю, что сегодня в России у нас с вами заболеваемость обычными штаммами гриппа сохранена в Магадане, немножко в Санкт-Петербурге идет превышение, немножко в Кемеровской области. Вот и, пожалуй, все те регионы, где у нас идет превышение обычными штаммами.

С. Сорокина: А этого пока, по счастью, не появилось?

Г. Онищенко: Этого, по счастью, мы за прошедшие сутки посмотрели 78 рейсов международных, там где-то около 6 000 пассажиров, температуру замерили, и трех сняли.

С. Сорокина: Но не подтвердилось?

Г. Онищенко: Они сейчас у нас в инфекции. Причем два из них монгола, которые летели и не выходили в Шереметьево-2 из этой пограничной зоны. Они прилетели к нам, переждали ночь и должны были лететь на Улан-Батор нашим рейсом, но утром обратились в медпункт в пограничной зоне. Обратились, им померили температуру и тут же госпитализировали, потому что они прибыли из Мексики. И сейчас они у нас в инфекции находятся. Два гражданина Монголии. И еще один гражданин, который вернулся из США, которого мы сняли с борта и тоже госпитализировали. Это уже, считайте, девятый случай за весь период, когда мы начали мониторинг бортов, когда мы начали снимать с бортов людей с температурой, прибывших из неблагополучных стран.

С. Сорокина: А скажите, пожалуйста, а вообще вот эти карантинные меры как-то дают заграждение или все-таки это все не очень эффективно?

Г. Онищенко: А какие карантинные меры? Карантина пока нет.

С. Сорокина: Нет, я имею в виду это вот отслеживание.

Г. Онищенко: Это дает

С. Сорокина: Дает, да? Потому что все равно же распространяется, все равно вон сколько стран подтверждает наличие этого вируса.

Г. Онищенко: Я вам одну принципиальную вещь скажу. Когда мы были очень закрытой страной, и за рубеж у нас ездили только…

С. Сорокина: Дипломаты и избранные.

Г. Онищенко: Члены райкомов партии, дипломаты, передовики производства и очень ограниченный круг, вот для нас, для эпидемиологов, был рай.

С. Сорокина: Ну наверное.

Г. Онищенко: Рай был в том плане, что вот появилась в 67-м году холера – взяли, закрыли город Одессу, весь город окружили войсками, никто оттуда не выходил. В Астрахани появилась – та же самая ситуация. То есть это были, в общем-то, эффектные меры. Не эффективные, а эффектные меры.

С. Сорокина: То есть я так понимаю, что эпидемиологи – сторонники тоталитарного режима.

Г. Онищенко: Ни в коем случае. Но тогда было неинтересно. А сейчас главная и первая задача – сделать все, чтобы минимизировать последствия. А для этого нужно иметь очень эффективную, с очень низким порогом чувствительности систему здравоохранения, чтобы врач мог быстро поставить диагноз, отдифференцировать его, изолировать больного, если в этом есть необходимость, и не дать распространиться. Вы на меня так подозрительно смотрите.

С. Сорокина: Я смотрю, потому что подошло время новостей середины часа. Нам нужно буквально на пару минут прерваться, а потом продолжим разговор. Очень много вопросов пришло. Мы еще по вопросам пройдемся. А сейчас – время новостей середины часа. Это программа «В круге СВЕТА».

...

С. Сорокина: И еще раз здравствуйте. Это программа «В круге СВЕТА». Мы говорим о гриппе, говорим с главным санитарным врачом Геннадием Онищенко. Мы уже выяснили, что, собственно, не так страшен грипп, как его малюют. Видимо, это все-таки не тот штамм, который представляет такую гигантскую угрозу. Не знаем, как он мутируется за следующие полгода, но пока вроде…

Г. Онищенко: Давайте назовем его пока кандидатом.

С. Сорокина: Кандидат в страшные, но пока не очень страшно. Ну и надеюсь, что вы получите образцы этого самого вируса.

Г. Онищенко: Не сомневаюсь.

С. Сорокина: Я тут слышала даже какую-то информацию о том, что наши ученые, не дожидаясь этого самого штамма, уже нашли что-то, что явно может влиять на этот вирус.

Г. Онищенко: Нет, наши ученые что сделали – когда наши коллеги из Атланты опубликовали в интернете всю библиотеку генетической последовательности штамма, мы ее воспроизвели у себя, сварили праймеры и из этих праймеров изготовили чувствительные именно к этому штамму диагностику…

С. Сорокина: То есть какие-то заготовки есть?

Г. Онищенко: Такие возможности сегодня есть. Когда опубликована вся последовательность, ее можно воспроизвести в искусственных условиях, но это будет не живой штамм, но…

С. Сорокина: Но близко к нему. Вопросы. Вот пишут о том, что где взять этот самый тамифлю, и еще реленса какой-то упоминают. Где это взять в аптеках?

Г. Онищенко: Так, первое – брать нигде не надо. Я вам просто настоятельно рекомендую – не обогащайте на этом этапе наш фармацевтический бизнес.

С. Сорокина: То есть пока нет этой угрозы, не нужно ниоткуда брать.

Г. Онищенко: Ну, во-первых, что касается Москвы, я доподлинно знаю, я буквально заслушивал сегодня утром отчет Москвы о готовности. У них есть определенный запас, причем достаточно солидный. Если, паче чаяний, появятся больные, то у Москвы есть чем лечить. А вот покупать, вернее, сметать – это даже не покупка, это сметание с полок – этого делать сейчас не нужно. Вот второе – это более близко к теме, и вообще я относительно марлевых повязок скажу. Есть ли этот H1N1 Калифорния, нет ли его, но как только придет сентябрь, пожалуйста, на всех членов семьи заготовьте, и как только вы услышите первые наши тревожные сообщения о том, что начинается подъем, наденьте и покажите, что Россия – цивилизованная страна.

С. Сорокина: Где взять? В аптеках нет.

Г. Онищенко: А сейчас, наверное, просто не сезон.

С. Сорокина: Ну вот все пишут – нет в аптеках. Обежали все в округе – нет в аптеках этих марлевых повязок.

Г. Онищенко: Ну, я думаю, что в Москве они есть. А сейчас просто наш фармбизнес просто не ожидал, что появится это, и они их, кстати, заготавливали, но в основном их закупали медицинские учреждения, но граждане как-то не очень любят это. Посмотрите на наших соседей – китайцев, японцев. Им не надо напоминать. Как только похолодало, они все надели марлевые повязки и ходят везде.

С. Сорокина: В общем, надо проследить, чтобы они были в аптеках.

Г. Онищенко: Среди наших граждан вы вообще где-нибудь видели в общественном месте человека в маске?

С. Сорокина: Видела.

Г. Онищенко: Где?

С. Сорокина: Здесь в Москве уже видела, вот в поликлинике многие ходят в марлевых повязках.

Г. Онищенко: О, так в поликлинике они ходят в повязках, потому что мы штрафуем. Работников торговли, которые стоят за прилавком, мы тоже штрафуем. Любовь к маске из-под палки. А вот такую искреннюю любовь…

С. Сорокина: Ничего-ничего, привыкнем. Мы тоже мутируем, поэтому привыкнем потихонечку. Скажите мне, пожалуйста, то, что касается мяса, ввоз которого в некоторых странах ограничен уже – свинины из Мексики и так далее, через мясо может что-то передаваться?

Г. Онищенко: Первое. Что касается нашего российского мяса, в тех сложившихся семейных, этнических, региональных традициях, в которых вы его употребляете, пожалуйста, употребляйте. Если у вас есть на это финансовая возможность. Что касается завоза. Гипотетически если даже это мясо будет от заболевшей свиньи, которую соответствующим образом направили на восполнение белкового дефицита в человечестве, если оно будет заведомо заражено,

то после термической обработки в 70 градусов, а вы знаете, что в гораздо более высоких температурах приготавливаем, это будет не опасно. Существует единственная реальная опасность заражения – во время разделки. И все. Ну, здесь – перчатки, и никаких проблем не будет.

С. Сорокина: Скажите, пожалуйста, можно ли в обычной поликлинике, не дай бог у нас появится этот вид гриппа, провести диагностику – тот ли это опасный вирус или все-таки нет?

Г. Онищенко: Я вам так скажу. Это, в общем-то, недешевое удовольствие. В обычной поликлинике, конечно, этого не сделаешь. Сегодня в Москве на Графском переулке мы делаем эту диагностику, и вот с первой инфекции мы везем на Графский переулок. Мы делаем на Шоссе Энтузиастов в Центральном институте эпидемиологии.

С. Сорокина: Ну то есть врач, к которому вы обратились, сам должен направить на исследование в необходимое учреждение, да?

Г. Онищенко: Если врач, к которому вы обратились, заподозрит у вас заболевание, тогда он, не спрашивая у вас, он просто обязан это сделать, поставить диагноз под вопросом, провести соответствующий отбор и направить на исследование. Такие нормативные требования уже сформированы, и они уже реально реализуются.

С. Сорокина: Геннадий Григорьевич, вот пишут нам еще: «Не пора ли обязать авиакомпании устанавливать системы дезинфекции воздуха в самолетах?» Потому что если летишь в самолете, можно подхватить что угодно, особенно если то долгий полет. Мы дышим одним и тем же воздухом.

Г. Онищенко: На самом деле, в разных системах самолетов существуют разные системы очистки, но они, как правило, идентичны, и все они направлены на то, что очистка воздуха с помощью разного типа фильтров осуществляется, потому что, как вы понимаете, на большой высоте идет рециркуляция воздуха с небольшой подпиткой извне. Это происходит. Другое дело, и сегодня я не могу сказать, что самолеты у нас являются этим вот разносчиком заразы…

С. Сорокина: Я сколько раз сталкивалась. Все-таки легко там подхватить что-то.

Г. Онищенко: Скорее в самолетах бывает другое, особенно в старых типах самолетов. Там несовершенная система кондиционирования, которая создает неадекватные ситуации температуры, и люди просто простужаются или у них начинает срабатывать аллергическая реакция. Вот есть, знаете, холодовая аллергия и так далее. Но чтобы самолеты были разносчиками заразы, я такого сказать не могу. Другое дело – если там заведомо появится больной с каким-то опасным контагиозным заболеванием, вот тогда весь самолет мы, естественно, возьмем на обсервацию, больных мы карантинизируем и будем лечить. Это есть. Но вопрос имеет под собой вполне реальную почву. И вот, допустим, в старом типе боинга, я уж не говорю о наших самолетах, поставим задачу дополнительно еще дезинфицировать воздух, то технологии их циркуляции воздуха не позволяют этого делать.

С. Сорокина: В общем, вопрос уже об обновлении парка авиалайнеров.

Г. Онищенко: Да, модернизации.

С. Сорокина: Совершенно в сторону сейчас вопрос по смс-сообщению: «В Екатеринбурге половина школ во вшах, а вы о какой-то Мексике». На самом деле, как я понимаю, педикулез – это страшная проблема для многих детских учреждений не только в Екатеринбурге. Это насколько серьезно сейчас?

Г. Онищенко: На самом деле, я бы педикулез отнес, за редким изъятием, к элементам просто санитарной культуры.

С. Сорокина: Но есть такая проблема в России сейчас?

Г. Онищенко: Конечно, есть.

С. Сорокина: Серьезная? Это хуже, чем в прошлые годы?

Г. Онищенко: Я бы так сказал – что динамика идет не в лучшую сторону. Просто регистрация педикулеза. Мы даже лет 15 назад вновь ввели регистрацию педикулеза. Было время, когда мы просто от нее отказались. В общем-то, это быль – в начале моей производственной деятельности ходила такая байка: что настойкой вшей можно лечить некоторые заболевания. Ну, это была, конечно, глупость. Но, тем не менее, тогда в цыганских таборах вшу можно было купить за 3-5 советских рублей. А это были большие деньги в то время. А сейчас, к сожалению, и это не потому что это асоциальные люди, низкий социальный статус семьи, а даже во вполне нормальных семьях люди не знают, что такое вша, и когда говорят, что у вашей девочки или у вашего мальчика головная вошь, я уж не говорю о платяной и еще об одной форме вши, люди просто оскорбляются. Хотя на самом деле это так. Поэтому здесь вошь сама по себе, в общем-то, не является какой-то страшной опасностью, кроме эстетической неприятности. Но вошь, если вы помните, это был сыпной тиф в свое время…

С. Сорокина: Переносчики, конечно.

Г. Онищенко: Да, они являются природным резервуаром такого страшного заболевания, как сыпной тиф.

С. Сорокина: Скажите, пожалуйста, вот здесь Наталья из Москвы пишет – если возвратиться к гриппу, ведь главное не сам грипп, а его осложнения.

Г. Онищенко: Конечно. Молодец.

С. Сорокина: И раньше, во время «испанки», не было антибиотиков. А антибиотики – это как раз лечение осложнений. Ну действительно, есть две стадии. Потому что когда сам грипп, надо антивирусные применять, а когда осложнения, антибиотики.

Г. Онищенко: Поддерживая позицию Натальи, я скажу, что после эпидемии гриппа идет эпидемия сердечнососудистых осложнений. Особенно в старшей возрастной группе. Поэтому мы в национальных календарях прививаем кого? Детей, у которых еще нет достаточного уровня иммунной системы, и пожилых людей, у которых уже иммунная система имеет достаточно серьезные изъяны. Поэтому защита с помощью вакцинации – это да. Потом – есть еще одна проблема. Ну вот, например, американцы что говорят? Они во время каждого сезонного подъема самого обычного гриппа регистрируют до 32 000 смертей, где диагноз – грипп. У нас идет немножко другой счет, но это изъяны статистики, это вовсе не значит, что мы более устойчивы. Ну у нас серьезные подъемы – это где-то до 1000 доходило, когда ставилась причина смерти грипп. В основном это все у нас уходит в осложнения – сердечно-сосудистые, сердечные заболевания и так далее. Как бы вторичная идет постановка диагноза. Но, тем не менее, грипп сам по себе, даже самый простой, самый привычный для нас, это серьезный урон здоровью как каждого человека, так и здоровью популяции.

С. Сорокина: «А не лучше ли ввести запрет на въезд из этих стран, чтобы не получить вирус?» Ну, во-первых, стран уже слишком много, из которых надо запрет вводить.

Г. Онищенко: На самом деле, реальную опасность сегодня представляют все-таки две страны… даже нет, не две. США, Мексика и Канада. Потому что в Канаде уже тоже идет распространение.

С. Сорокина: Но есть ведь страны, въезд которые закрыли. Куба, Перу, по-моему.

Г. Онищенко: И Китай закрыл. Я считаю, это чрезмерная мера. Вот представьте себе – по нашим оценкам, по оценкам МИДа, сегодня на территории Мексики 3 000 россиян. Вот люди поехали в командировку, им нужно оттуда вернуться – что мы, их не пустим в нашу страну?

С. Сорокина: Да нет, ну это несерьезно, конечно. Смотрите, в панике Юлия пишет: «Нечаянно дотронулась сегодня губами до сырой свинины на рынке. Что делать?»

Г. Онищенко: Юлечка, во-первых, не надо паниковать. Вся та свинина, до которой вы дотронулись губами, никакой опасности с точки зрения гриппа H1N1 Калифорния 042009 не представляет. Но – как любое сырое мясо, может быть причиной и кишечного заболевания…

С. Сорокина: Да, вот за этим лучше последить, конечно.

Г. Онищенко: И просто в следующий раз не делайте этого. Я думаю, это очень легко сделать.

С. Сорокина: Геннадий Григорьевич, вот Александр пишет: «Когда будет закуплена вакцина против гепатита В?»

Г. Онищенко: Молодец Александр.

С. Сорокина: «Задержка есть уже три месяца. Что будет со страной?» Видимо, проблема есть.

Г. Онищенко: Скорее всего, это мой коллега. На самом деле, в 2006 году, в 2007 году, благодаря национальному проекту, наша страна сделала беспрецедентный шаг – привила 25 миллионов человек. И когда мы в этом году докладывали это на…

С. Сорокина: Детям почти обязательная прививка.

Г. Онищенко: Детям – это в национальном календаре. Это уже, слава богу, обязательная прививка. Причем первую аппликацию делать в первые 24 часа с момента рождения.

С. Сорокина: Так а что сейчас-то с этим?

Г. Онищенко: Сейчас у нас закупается на 6 000 000 человек 18 000 000 доз впервые отечественной, изготовленной нашими производителями. Причем что для меня особенно приятно – что наш бизнес, не государство, а бизнес создал вакцину. Это говорит о том, что он начинает немножко приобретать…

С. Сорокина: А хорошая вакцина-то?

Г. Онищенко: Очень хорошая с точки зрения того, что она сделана из актуального штамма.

С. Сорокина: А почему такая задержка? Вот говорят, три месяца уже нет.

Г. Онищенко: Нет, такого нет. Детская вакцина у нас есть. Что касается взрослой, вот на 6 000 000 человек мы будем покупать на взрослое население, мы еще не завершили вакцинацию прошлого года, и вот где-то в июне мы будем подводить итоги. В прошлом году мы прививали 12,4 миллиона человека в возрасте от 18 до 35 лет. В этом году зачистка будет проходить – еще 6 000 000 человек. И если удастся нам и сэкономить деньги на вот этих вот торгах, то мы еще закупим, может быть, на несколько миллионов, потому что наша с вами задача как любой цивилизованной страны – ставить перед собой вопрос о ликвидации гепатита С. Сорокина:

С. Сорокина: А есть динамика? Положительная?

Г. Онищенко: Очень большая положительная динамика. Вот за эти три года мы с 10 на 100 000 свели на 4 на 100 000. Из 100 000 только 4 – острого гепатита. А половина субъектов РФ – это менее 3 на 100 000.

...

С. Сорокина: «Собираюсь в командировку в Мексику, - пишет нам Евгения. – Какие лекарства нужно взять и какие меры профилактики?»

Г. Онищенко: Первое. Евгения…

С. Сорокина: Отложите командировку.

Г. Онищенко: Отложите командировку – это просто почти обязательная вам рекомендация. Пока мы окончательно не разберемся… Отложите ее. А мы потом вам скажем, когда это можно будет сделать.

С. Сорокина: Да. И самое последнее спрашивают – а чеснок поможет?
Г. Онищенко: Помогает.

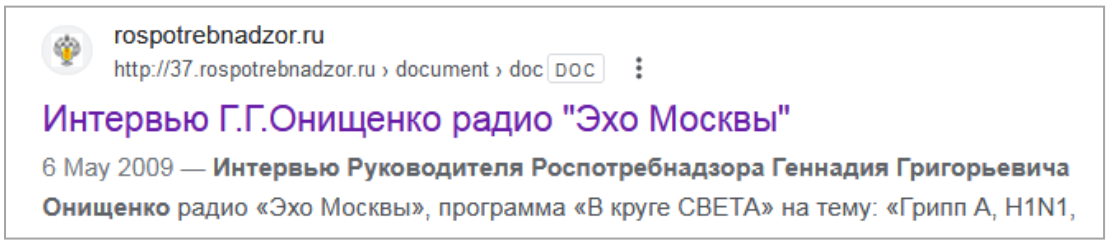
С. Сорокина: От гриппа в любом случае? От любого штамма?
Г. Онищенко: Нормально и от любого штамма, и не только от гриппа. Так что если отбросить эстетику…

С. Сорокина: То потребляйте, потом надевайте маску, и не так будет пахнуть этим чесноком.
Г. Онищенко: Нет, просто накормите своего близкого этим чесноком, и все. И будет баланс.

С. Сорокина: И все будет отлично. Все. Мы заканчиваем программу. Сегодня мы говорили о гриппе и не только о гриппе – о некоторых проблемах, в которых так или иначе разбирается Геннадий Онищенко, главный государственный санитарный врач РФ.
Г. Онищенко: Спасибо, это высокая оценка моего труда.

С. Сорокина: Да-да-да, спасибо вам. Спасибо большое. Это была программа «В круге СВЕТА». Встретимся через неделю. До свидания, всего доброго. Не болейте.

По материалам пресс-службы Роспотребнадзора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Интервью Г.Г.Онищенко радио "Эхо Москвы"
6 May 2009 — Интервью Руководителя Роспотребнадзора Геннадия Григорьевича Онищенко радио «Эхо Москвы», программа «В круге СВЕТА» на тему: «Грипп А, H1N1,

United Nations | General Assembly of the United Nations

Paul Hunt

Promotion and Protection of All Human Rights, Civil, Political, Economic, Social and Cultural Rights, including the Right to Development

New York, UN, General Assembly, 5 May 2009; GE.09-13131 (E) 130509
www.reports-and-materials.org/Paul-Hunt-report-on-GSK-5-May-2009.pdf

[Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of health, Paul Hunt].

Summary

The Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health visited the headquarters of GlaxoSmithKline, one of the world's leading research-based pharmaceutical companies, in June 2008 for substantive interviews with the company's senior management.

In the Special Rapporteur's previous reports, he examined States' responsibilities in relation to access to medicines. However, enhancing access to medicines is a shared responsibility. The Millennium Development Goals recognize that pharmaceutical companies have a responsibility to improve access to medicines.

In the present report, the Special Rapporteur outlines the responsibilities of pharmaceutical companies, including innovator, generic and biotechnology companies, with regard to the right to health in relation to access to medicines.

From the perspective of the right to health, the Special Rapporteur reviews some GlaxoSmithKline policies regarding access to medicines, especially in relation to developing countries. Besides highlighting some good practices, the Special Rapporteur outlines some of the obstacles impeding the company's attempts to improve access, such as failing health systems, and makes numerous recommendations addressed to GlaxoSmithKline, pharmaceutical companies in general, States and others. The Special Rapporteur is most grateful to GlaxoSmithKline management for inviting him to prepare the present report and for their cooperation throughout the mission.

Conclusion and Recommendations

This report includes numerous conclusions and recommendations for GSK, all pharmaceutical companies, States, international organisations and others - and they will not be repeated here.

107. A member of the senior management of an innovator pharmaceutical company recently remarked to the Special Rapporteur that the company's patents were "its crown jewels". The image was revealing. In one sense, the image is legitimate – patents are immensely valuable. In another sense, the image reflects a profound misunderstanding of the role of a company that develops a life-saving medicine. As discussed in chapter II, such a company has performed a critically important social, medical, public health and right-to-health function. While the company's "reward" is the grant of a limited monopoly over the medicine, enabling it to enhance shareholder value and invest

in further research and development, the company also has a right-to-health responsibility to take all reasonable steps to make the life-saving medicine as accessible as possible, as soon as possible, to all those in need. For a limited period, the company holds the patent for society - but the patent must be worked, so far as possible, for the benefit of all those who need it.

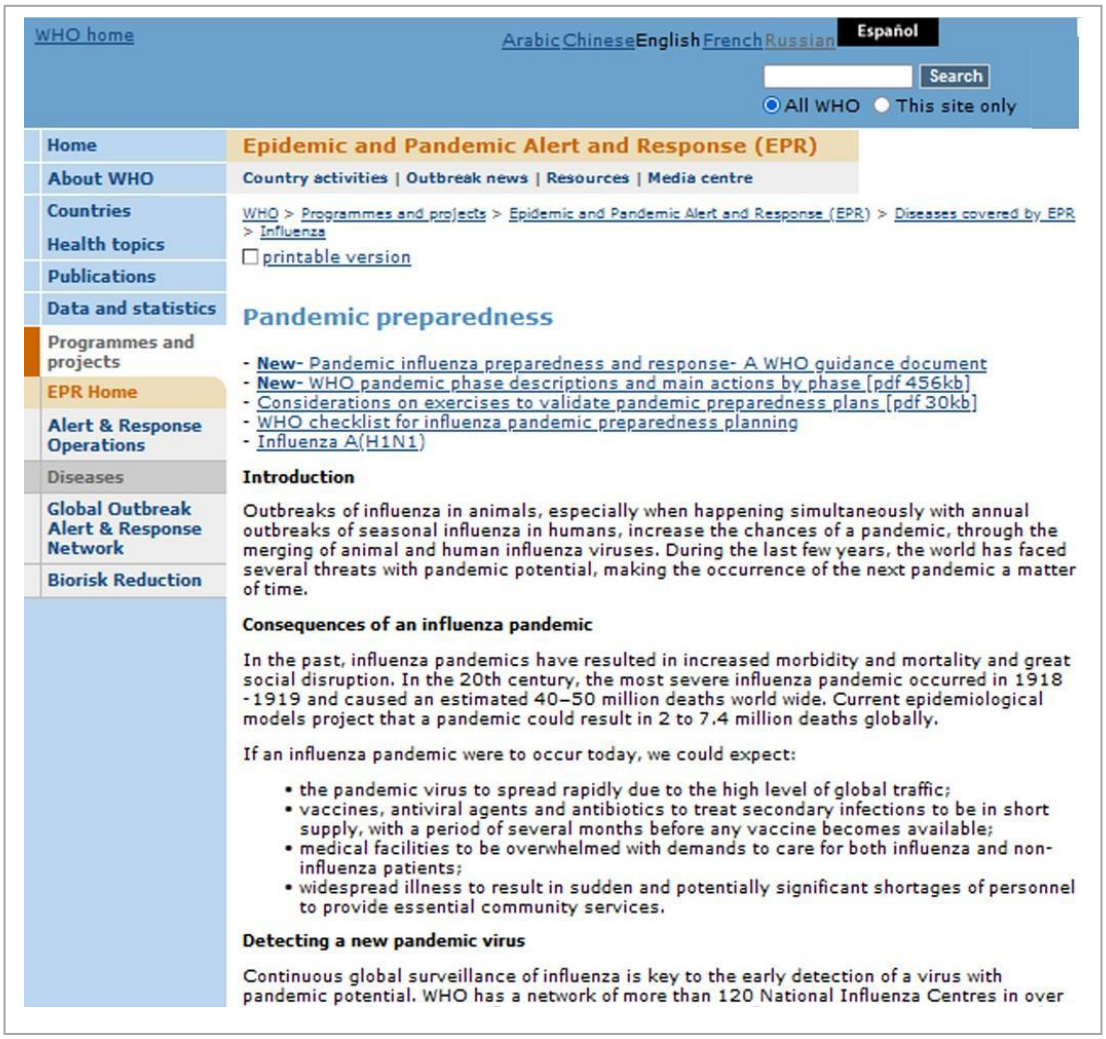
108. The status of innovator companies would be immeasurably enhanced if they did not see, and treat, patents as their "crown jewels". Companies must grasp, and publicly recognize, their critically important social function and right-to-health responsibilities. They must demonstrably do everything possible, within a viable business model, to fulfil their social function and human rights responsibilities. Presently, this is not happening. If it were to happen, it would not only greatly enhance companies' status but also pressurize States, generic manufacturers and others to provide the environment that companies need if they are to enter into arrangements, such as commercial voluntary licences, that enhance access to medicines for all.

109. In 2008, the Special Rapporteur presented to the General Assembly Human Rights Guidelines for Pharmaceutical Companies in relation to Access to Medicines (A/63/263). These provide detailed guidance for all pharmaceutical companies on their right-to-health responsibilities, as well as society's legitimate "expectations" of the pharmaceutical sector.

World Health Organization

Epidemic and Pandemic Alert and Response (EPR)

Pandemic preparedness, Geneva, WHO, 5 May 2009; 01:03:31
https://web.archive.org/web/20090505010331/http://www.who.int/csr/disease/influenza/pandemic/en/



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Pandemic preparedness

- New- Pandemic influenza preparedness and response- A WHO guidance document
- New- WHO pandemic phase descriptions and main actions by phase [pdf 456kb]
- Considerations on exercises to validate pandemic preparedness plans [pdf 30kb]
- WHO checklist for influenza pandemic preparedness planning
- Influenza A(H1N1)

Introduction

Outbreaks of influenza in animals, especially when happening simultaneously with annual outbreaks of seasonal influenza in humans, increase the chances of a pandemic, through the merging of animal and human influenza viruses. During the last few years, the world has faced several threats with pandemic potential, making the occurrence of the next pandemic a matter of time.

Consequences of an influenza pandemic

In the past, influenza pandemics have resulted in increased morbidity and mortality and great social disruption. In the 20th century, the most severe influenza pandemic occurred in 1918 -1919 and caused an estimated 40–50 million deaths world wide. Current epidemiological models project that a pandemic could result in 2 to 7.4 million deaths globally.

If an influenza pandemic were to occur today, we could expect:

- the pandemic virus to spread rapidly due to the high level of global traffic;
- vaccines, antiviral agents and antibiotics to treat secondary infections to be in short supply, with a period of several months before any vaccine becomes available;
- medical facilities to be overwhelmed with demands to care for both influenza and non-influenza patients;
- widespread illness to result in sudden and potentially significant shortages of personnel to provide essential community services.

Detecting a new pandemic virus

Continuous global surveillance of influenza is key to the early detection of a virus with pandemic potential. WHO has a network of more than 120 National Influenza Centres in over

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World Health Organization

Epidemic and Pandemic Alert and Response (EPR)

Pandemic preparedness, Geneva, WHO, 6 May 2009; 00:51:07
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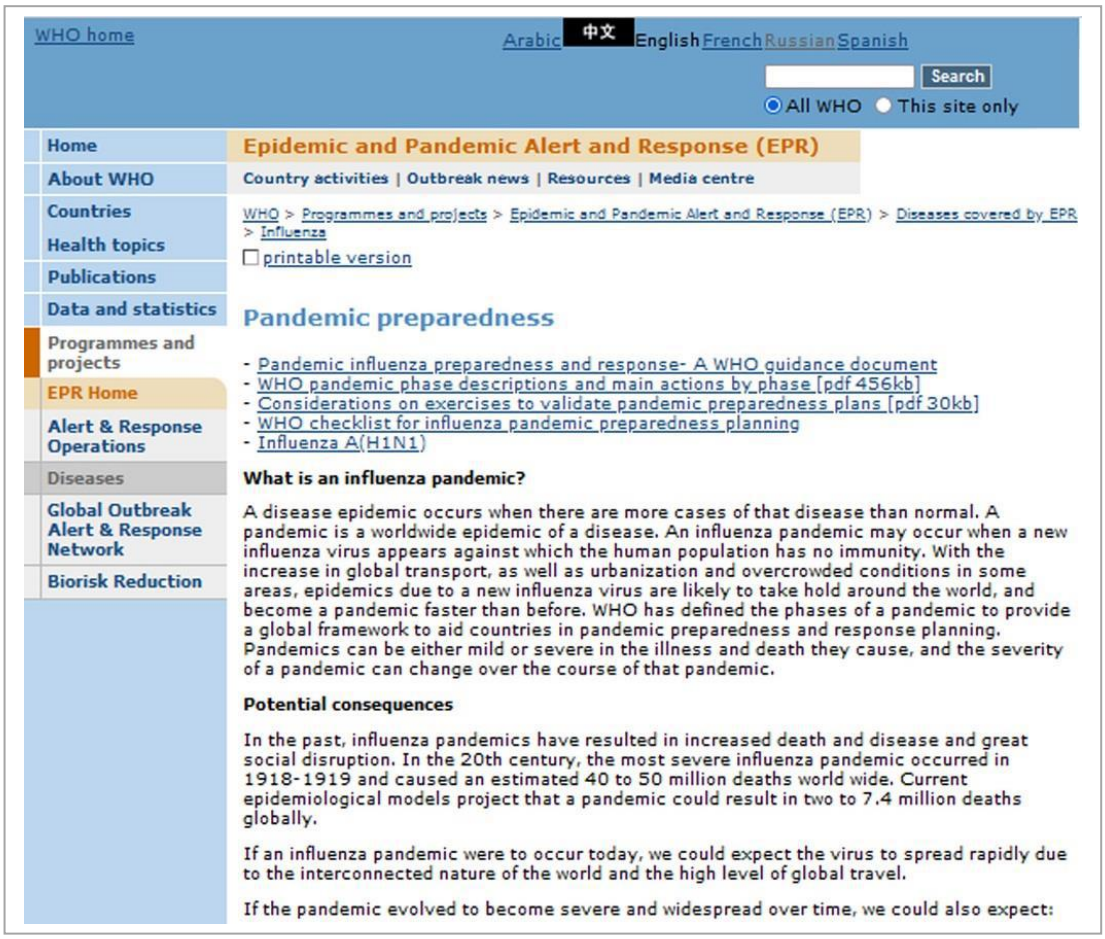

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What is an influenza pandemic?

A disease epidemic occurs when there are more cases of that disease than normal. A pandemic is a worldwide epidemic of a disease. An influenza pandemic may occur when a new influenza virus appears against which the human population has no immunity. With the increase in global transport, as well as urbanization and overcrowded conditions in some areas, epidemics due to a new influenza virus are likely to take hold around the world, and become a pandemic faster than before. WHO has defined the phases of a pandemic to provide a global framework to aid countries in pandemic preparedness and response planning. Pandemics can be either mild or severe in the illness and death they cause, and the severity of a pandemic can change over the course of that pandemic.

Potential consequences

In the past, influenza pandemics have resulted in increased death and disease and great social disruption. In the 20th century, the most severe influenza pandemic occurred in 1918-1919 and caused an estimated 40 to 50 million deaths world wide. Current epidemiological models project that a pandemic could result in two to 7.4 million deaths globally.

If an influenza pandemic were to occur today, we could expect the virus to spread rapidly due to the interconnected nature of the world and the high level of global travel.

If the pandemic evolved to become severe and widespread over time, we could also expect:

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The New York Times

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Donald G. McNeil Jr.

Debating the Wisdom of 'Swine Flu Parties'

The New York Times, 6 May 2009
https://web.archive.org/web/20110501104849/http://www.nytimes.com/2009/05/07/health/07party.html

What at first appears an absurdity – seeking out infection with swine flu instead of avoiding it – is being actively debated on flu Web sites and by some flu experts.

Infectious disease specialists say they understand the logic – that surviving the current, apparently mild strain of the virus might be protective if a more virulent strain emerges next fall. But they are generally against it.

Dr. Anne Moscona, a flu specialist at Weill Cornell Medical College, said she had been called by a reporter for a women's magazine "asking if mothers should hold swine flu parties, like chicken pox parties."

("Chicken pox parties" – in which children gather so they can all be infected by a child who has the pox – are often held by parents who distrust chicken pox vaccine or want their children to have the stronger immunity that surviving a full-blown infection affords, and are willing to take the risk that their child will not get serious complications.)

"I think it's totally nuts," Dr. Moscona said. "I can't believe people are really thinking of doing it. I understand the thinking, but I just fear we don't know enough about how this virus would react in every individual. This is like the Middle Ages, when people deliberately infected themselves with smallpox. It's vigilante vaccination – you know, taking immunity into your own hands."

The idea has arisen from the history of the 1918 Spanish flu. A mild spring outbreak was followed by two deadly waves in the early and late winter of 1918-1919. Some believe – though there is little evidence beyond anecdotal reports in old newspapers – that those who got sick in the first wave were less likely to get sick in the second and third.

Many cite as the source of their thinking the book "The Great Influenza," a history of the 1918 pandemic by John M. Barry.

Mr. Barry, in a telephone interview, said he had never publicly suggested deliberate self-infection, "but I used to joke with my wife, and I may have jokingly said it in speeches, that if a virus emerged and looked mild, I'd be on an airplane to Indonesia."

He referred to Indonesia, he explained, "because that's where the action is with H5N1." The highly pathogenic H5N1 is the avian flu strain circulating in poultry in Indonesia, China, Egypt and China, occasionally passing into and killing people. Since 2002, world health authorities have feared it would become pandemic.

Those toying with the idea of self-infection with the current H1N1 swine flu strain now circling the globe doubt there will be enough effective vaccine to stop the virus if it returns in the fall, especially if it swaps genetic material with the H5N1 strain or has picked up resistance to the antiviral drug Tamiflu. Even if drug makers switched to making a vaccine against a pandemic strain now, their total capacity is

only enough to make one to two billion doses in a year, the World Health Organization said yesterday. Triage decisions would have to be made about which of the world's 6 billion people got it.

The online debates are often over details: Should you wait to self-infect till the season's end, when the virus has evolved into the strain most likely to return in the fall? Should you get Tamiflu and take it at the first symptom? Should you check to see if local hospitals are empty, in case things go wrong and you need to be on a ventilator?

Michael Olesen, chief of infection control at Abbott Northwestern Hospital in Minneapolis and an expert on flu pandemics, said he was not planning to seek out infection but now was "taking a passive approach to getting infected."

When he heard about Mexico's outbreak, he said, he bought extra N95 face masks and had been planning to wear one on a flight to Detroit soon.

"Now I'm thinking of taking my chances" and foregoing the mask, he said. "That's a change from a week ago. I think to myself: 'Yeah, I'll be miserable for a week – but that'll beat maybe being seriously sick later.' "

One of the first open debates of the idea of intentional self-infection was on Effect Measure, a public health blog with many posts by thoughtful people who say they are clinicians, epidemiologists, veterinarians and other professionals, sometimes in government, but who post under pseudonyms in order to speak freely.

On April 28, a user calling herself OmegaMom posted: "Just a quick note – I just got a Tweet from a mom suggesting 'swine flu parties' because the U.S. version seems to be a mild version. "Can you speak to the utter insanity of doing this, please?"

Several posters weighed in to say it would be foolish given the number of deaths in Mexico, the lack of information on the virus and the unpredictability of flu.

The chief moderator of another blog, flutrackers.com, who posts as Florida1, said one of her long-time members, GaudiaRay, had raised the idea for debate three days ago. She called him at home, she said, and he told her he had decided not to put his family at risk.

Dr. Andrew T. Pavia, chairman of the pandemic influenza task force of the Infectious Diseases Society of America, opposes self-infection.

"Twenty years ago, it might have made some sense," he said, "and with 20/20 hindsight, getting infected in the spring wave of 1918 probably would have been highly protective." And in poor countries that will probably be left out of vaccine supplies, he added, it might make sense.

But even normal seasonal flu kills more American children each year than chicken pox does, he said. By getting deliberately infected, "you'd really be jumping into the unknown," he said.

The Centers for Disease Control and Prevention has not posted guidance on the question yet, but Dr. Richard Besser, the agency's acting director, was asked about it this week and said "we don't have a firm answer, but it's our belief that protecting people from this infection is the right way to go."

In any case, many experts noted that there is a big flaw in any self-infection plan: it's not easy to find and cuddle up to someone with swine flu. More than 100 viruses cause cold or flu symptoms, and there were only 642 confirmed cases in the country as of Wednesday..

One obvious place to look would be St. Francis Preparatory School in Queens, N.Y., the epicenter of New York's outbreak.

The headmaster, Brother Leonard Conway, was asked if any of his students had been asked to spare a few germs. "I have not heard of anyone being approached," he replied in an e-mail. "That surely is a different idea."

An earlier version of this article misstated the number of vaccine doses that drug makers could produce.

L'EXPRESS

Jacques Attali

Avancer par peur
Move forward out of fear

l'Express, 6 May 2009, à 10:23, mis à jour à 16:39
https://www.lexpress.fr/sciences-sante/sante/avancer-par-peur_758721.html

Une pandémie majeure ferait surgir la prise de conscience de la nécessité d'un altruisme, au moins intéressé.

L'Histoire nous apprend que l'humanité n'évolue significativement que lorsqu'elle a vraiment peur: elle met alors d'abord en place des mécanismes de défense; parfois intolérables (des boucs émissaires et des totalitarismes); parfois futiles (de la distraction); parfois efficaces (des thérapeutiques, écartant si nécessaire tous les principes moraux antérieurs). Puis, une fois la crise passée, elle transforme ces mécanismes pour les rendre compatibles avec la liberté individuelle et les inscrire dans une politique de santé démocratique.

La pandémie qui commence pourrait déclencher une de ces peurs structurantes.

Si elle n'est pas plus grave que les deux précédentes frayeurs de ces quinze dernières années liées à un risque de pandémie (la crise de la vache folle en Grande-Bretagne et celle de la grippe aviaire en Chine), elle aura d'abord des conséquences économiques significatives (chute de l'activité des transports aériens, baisse du tourisme et du prix du pétrole) ; elle coûtera environ 2 millions de dollars par personne contaminée et fera baisser les marchés boursiers d'environ 15 % ; son impact sera très bref (lors de l'épisode de la grippe aviaire, le taux de croissance chinois n'a baissé que pendant le deuxième trimestre de 2003, pour exploser à la hausse au troisième) ; elle aura aussi des conséquences en matière d'organisation (toujours en 2003, des mesures policières très rigoureuses ont été prises dans toute l'Asie ; l'Organisation mondiale de la santé a mis en place des procédures d'alerte à l'échelle planétaire ; et certains pays, en particulier la France et le Japon, ont constitué des réserves considérables de médicaments et de masques).

Si l'épidémie est un peu plus grave, ce qui est possible, puisqu'elle est transmissible par l'homme, elle aura des conséquences véritablement planétaires : économiques (les modèles laissent à penser que cela pourrait entraîner une perte de 3 trillions de dollars, soit une baisse de 5 % du PIB mondial) et politiques (en raison des risques de contagion, les pays du Nord auront intérêt à ce que ceux du Sud ne soient pas malades, et ils devront faire en sorte que les plus pauvres aient accès aux médicaments aujourd'hui stockés pour les seuls plus riches); une pandémie majeure fera alors surgir, mieux qu'aucun discours humanitaire ou écologique, la prise de conscience de la nécessité d'un altruisme, au moins intéressé.

Et, même si, comme il faut évidemment l'espérer, cette crise n'est pas très grave, il ne faudra pas oublier, comme pour la crise économique, d'en tirer les leçons, afin qu'avant la prochaine – inévitable – on mette en place des mécanismes de prévention et de contrôle, ainsi que des processus logistiques de distribution équitable des médicaments et de vaccins. On devra, pour cela, mettre en place une police mondiale, un stockage mondial et donc une fiscalité mondiale. On en viendra alors, beaucoup plus vite que ne l'aurait permis la seule raison économique, **à mettre en place les bases d'un véritable gouvernement mondial**. C'est d'ailleurs par l'hôpital qu'a commencé en France, au xviie siècle, la mise en place d'un véritable Etat.

En attendant, on pourrait au moins espérer la mise en oeuvre d'une véritable politique européenne sur le sujet. Mais, là encore, comme sur tant d'autres sujets, Bruxelles est muet.

Google translation

[Eng] To do this, we will have to set up a global policy, global storage and therefore global taxation. We will then come, much more quickly than economic reasons alone would have allowed, **to put in place the foundations of a real world government**.

[Rus] Для этого нам придется настроить глобальную политику, глобальное хранилище и, следовательно, глобальное налогообложение. Затем мы придем, гораздо быстрее, чем позволили бы одни только экономические причины, **заложить основы реального мирового правительства**.

AGWEEK

People on Alberta pig farm where H1N1 flu virus found test negative

AG WEEK, 6 May 2009, 2:25 PM
https://www.agweek.com/news/people-on-alberta-pig-farm-where-h1n1-flu-virus-found-test-negative

Toronto – Canada's chief public health officer says the people who live on an Alberta pig farm where pigs were found to be infected with swine flu have tested negative for the virus.

A number of people living on the unidentified pig farm experienced flu-like symptoms after the pigs fell ill and were tested to see if they too were infected.

But Dr. David Butler-Jones says tests suggest the people were not infected with the H1N1 swine virus.

Butler-Jones says, though, that there may have been "sampling issues" and blood samples from the people will be tested for antibodies to look for a definitive answer on whether they were infected.

He won't say how many people were tested or what he means by sampling issues.

The pigs are thought to have been infected by a worker who had been in Mexico and was ill on his return to work in mid-April. The unidentified carpenter also tested negative for the virus, but it is believed that is because he was too far along in his recovery to be still shedding virus.

A nasal swab from the man was only collected after the pigs started falling sick and that was more than 10 days after his return from Mexico. Officials intend to test his blood too looking for antibodies to the new H1N1 swine flu virus.

The antibody test was developed at Canada's National Microbiology Laboratory, which has played a key role in the investigation into this new flu virus.

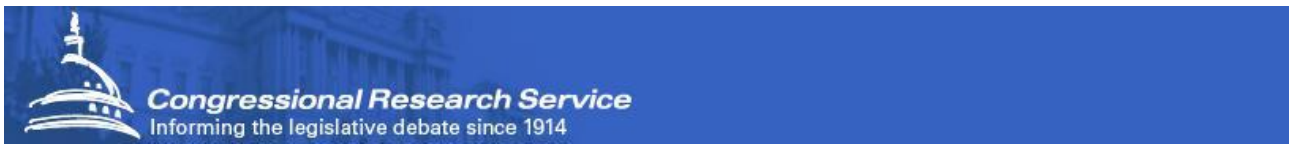
It was the Winnipeg lab that determined that an unusual outbreak of severe respiratory illness in Mexico was being caused by a new swine flu virus U.S. researchers had found was infecting people in the United States.

On Wednesday, Canadian officials announced the Winnipeg lab has completed full virus sequencing of three sample viruses – two from Canadian swine flu cases and one from Mexico. They say the viruses are virtually identical.

The full genetic sequences of viruses retrieved from the pigs have not yet been completed. That work is being done at the National Centre for Foreign Animal Diseases, the National Microbiology Laboratory's animal health counterpart. The two labs are co-located.

Experts will be keen to study the genetic sequences of the viruses isolated from the pigs to determine if there are an mutations that arose when the virus went back into swine.

Butler-Jones says the sequences of those viruses will be posted in open access databases once the work is done.



The 2009 Influenza A(H1N1) Outbreak: Selected Legal Issues – R40560

Congressional Research Service, 6 May 2009
https://web.archive.org/web/20101222101801/http://opencrs.com/document/R40560/2009-05-06/

Summary: Recent human cases of infection with a novel influenza A(H1N1) virus have been identified both internationally and in the United States. Since there has been human to human transmission and the new virus has the potential to become pandemic, it is timely to examine the legal issues surrounding this emerging public health threat. This report provides a brief overview of selected legal issues including emergency measures, civil rights, liability issues, and employment issues.

There are a number of emergency measures which may help to contain or ameliorate an infectious disease outbreak. The Public Health Service Act and the Stafford Act contain authorities that allow the Secretary of Health and Human Services and the President, respectively, to take certain actions during emergencies or disasters. While the primary authority for quarantine and isolation in the United States resides at the state level, the federal government has jurisdiction over interstate and border quarantine.

Border entry and border closing issues may arise in the context of measures designed to keep individuals who have, or may have, influenza A(H1N1) from crossing U.S. borders. Aliens with the H1N1 virus can be denied entry, but American citizens cannot be excluded from the United States solely because of a communicable disease, although they may be quarantined or isolated at the border for health reasons.

Airlines have considerable discretion to implement travel restrictions relating to the safety and/or security of flights and other passengers and crew. In addition, the federal government has broad legal authority to regulate and control the navigable airspace of the United States in dealing with incidents involving communicable diseases. States have authority to initiate other emergency measures such as mandatory vaccination orders and certain nonpharmaceutical interventions such as school closures, which may lessen the spread of an infectious disease.

The International Health Regulations adopted by the World Health Organization in 2005 provide a framework for international cooperation against infectious disease threats. The use of these emergency measures to contain the influenza A(H1N1) virus outbreak may raise a classic civil rights issue: to what extent can an individuals liberty be curtailed to advance the common good? The U.S. Constitution and federal civil rights laws provide for individual due process and equal protection rights as well as a right to privacy, but these rights are balanced against the needs of the community.

Liability issues may become particularly important during the influenza A(H1N1) virus outbreak. The Public Readiness and Emergency Preparedness Act limits liability with respect to the use of countermeasures for pandemic flu or other public health threats. A patchwork of federal and state laws exists which generally operates to protect volunteers, which may include volunteer health professionals (VHPs) under certain circumstances, and there are also laws that trigger liability protection specifically for VHPs.

Questions relating to employment are among the most significant issues presented by an influenza pandemic, since, if individuals fear losing their employment or their wages, compliance with public health measures such as social distancing and isolation or quarantine may suffer. It would seem possible for a court to conclude that the isolation or quarantine of individuals during a pandemic serves the public good and that the termination of individuals who are isolated or quarantined violates public policy. Employees may also have some job protection under the Family and Medical Leave Act.

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MMWR

Novel Influenza A (H1N1) Virus Infections – Worldwide, May 6, 2009

Morb Mortal Wkly Rep, 6/8 May 2009, 58 (17): 453-458
https://www.cdc.gov/mmwr/preview/mmwrhtml/mm5817a1.htm

Since mid-April 2009, CDC, state and local health authorities in the United States, the World Health Organization (WHO), and health ministries in several countries have been responding to an outbreak of influenza caused by a novel influenza A (H1N1) virus (*1*). In March and early April 2009, Mexico experienced outbreaks of respiratory illness subsequently confirmed by CDC and Canada to be caused by the novel virus. The influenza strain identified in U.S. patients was genetically similar to viruses isolated from patients in Mexico (*2*). Since recognition of the novel influenza A (H1N1) virus in Mexico and the United States, as of May 6, a total of 21 additional countries had reported cases, with a total of 1,882 confirmed cases worldwide. Several WHO member states are conducting ongoing investigations of this worldwide outbreak, and WHO is monitoring and compiling surveillance data and case reports. On April 29, WHO raised the level of pandemic alert from phase 4 to phase 5, indicating that human-to-human spread of the virus had occurred in at least two countries in one WHO region. This report provides an update of the initial investigations and spread of novel influenza A (H1N1) virus worldwide.

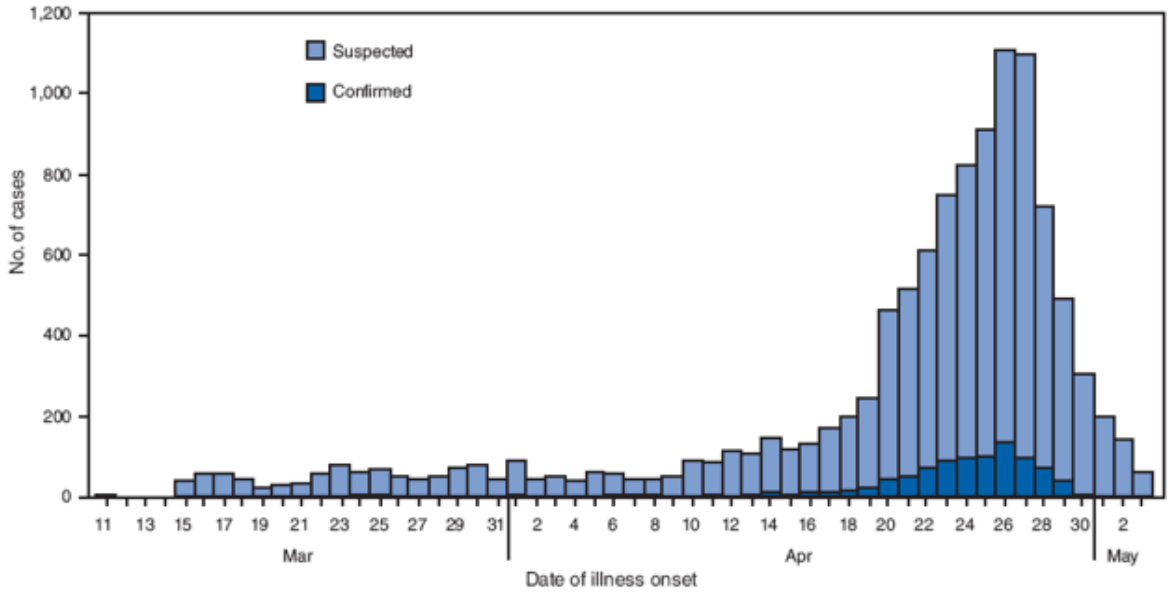

Fig. 1. Number of confirmed (N = 822) and suspected (N = 11,356) cases of novel influenza A (H1N1) virus infection, by date of illness onset - Mexico, March 11 - May 3, 2009

Mexico

Since implementing enhanced surveillance on April 17, the number of suspected cases has increased rapidly, along with hospitalizations for severe acute respiratory illness (Figure 1). As of May 5, using an updated case definition of fever plus cough or sore throat for a suspected case and real-time reverse transcription-polymerase chain reaction (rRT-PCR) or viral culture for a laboratory-confirmed case, Mexico had identified 11,932 suspected cases and 949* cases of laboratory-confirmed novel influenza A (H1N1) virus infection, including 42 patients who died. Cases with laboratory-confirmed

infection have been identified in 27 of 31 Mexican states and the Federal District. Confirmed cases in Mexico and in the United States have a similar age distribution (Table). Information is available on the clinical course of illness for 22 patients with laboratory-confirmed illness who were hospitalized, including seven patients who died. Five of the 15 surviving patients and one of the seven patients who died had underlying chronic medical conditions. Additional details on the clinical signs and symptoms of these and other patients are being collected. Among patients with confirmed cases for whom information was available, 56 (98%) of 57 reported fever, 49 (94%) of 52 reported cough, 23 (79%) of 29 reported dyspnea, 35 (80%) of 44 reported headache, and 34 of (83%) 41 reported rhinorrhea. The government of Mexico has instituted several measures to slow disease transmission and reduce mortality, including closure of all schools and avoidance of large public gatherings, distribution of oseltamivir to all health-care units, publication of specific clinical guidelines, and establishment of a call center to educate members of the public who are seeking health-care information.

United States

After recognition of the first cases of infection with the novel influenza A (H1N1) virus, CDC and state health departments initiated enhanced surveillance measures to identify additional cases. As of May 6, a total of 1,487 confirmed† and probable cases had been reported from 43 states, including 642 confirmed cases (reported from 41 states) and 845 probable cases (reported from 42 states). Current experience with laboratory testing results indicates that the probability of laboratory confirmation for probable cases is >99%. States with the most confirmed cases are Illinois (122 cases), New York (97), California (67), Texas (61), and Arizona (48). Dates of illness onset for patients with confirmed or probable illness range from March 28 to May 4 (Figure 2), although the most recent case counts do not account for testing and reporting delays. Among persons with laboratory-confirmed illness, 35 hospitalized patients have been reported from 16 states, including two patients from Texas who died, both with underlying medical conditions. The age distribution of persons with laboratory-confirmed disease ranged from 3 months to 81 years (Table). A total of 18 patients were aged <2 years, and 31 were aged 2-4 years.

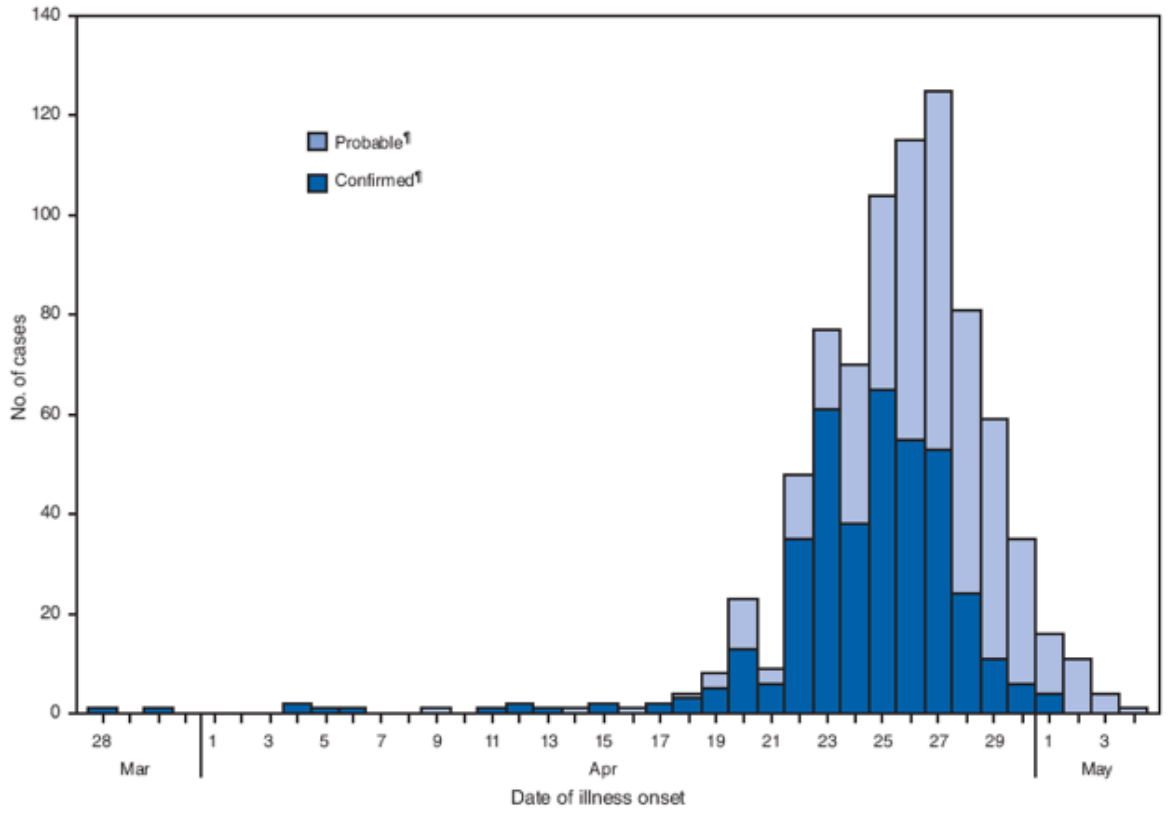

Fig. 2. Number of confirmed (N = 394)* and probable (N = 414)† cases of novel influenza A (H1N1) virus infection with known dates of illness onset - United States, March 28-May 4, 2009§

The age distribution of the 35 laboratory-confirmed hospitalized patients ranged from 6 months to 53 years (median: 15 years). Among patients with confirmed disease for whom data were available, 262 (90%) of 292 reported fever, 249 (84%) of 296 reported cough, 176 (61%) of 290 reported sore throat, 65 (26%) of 249 reported diarrhea, and 54 (24%) of 221 reported vomiting.

Other Countries

On April 26, the first cases of novel influenza A (H1N1) virus infection outside of the United States and Mexico were reported in Canada. As of May 6, WHO had reported that 309 persons with laboratory-confirmed disease had been identified in 21 countries other than Mexico and the United States. Confirmed cases have been reported from Asia (Hong Kong S.A.R. and Korea), the Pacific region (New Zealand), the Middle East (Israel), Europe, and Central and South America (El Salvador, Costa Rica, Colombia, and Guatemala) (Figure 3).

Of 178 patients for whom travel history was available, 145 (82%) reported recent travel to Mexico, and four (2%) reported travel to the United States. Among those who had not traveled to Mexico, 17 (52%) reported contact with a returning traveler from Mexico. Canada, Germany, Spain, and the United Kingdom all have reported evidence of in-country, second-generation, human-to-human transmission (e.g., a health-care worker in Germany who had cared for a patient with a confirmed infection). No reports have been made of sustained, community-wide transmission in affected countries. Consistent with cases in North America, most of the cases reported from other countries have been among young adults, with a median age of 27.1 years (range: 2--62 years, N = 45). The majority of cases in other countries have been uncomplicated, and no deaths have been reported; four patients have been hospitalized.[§]

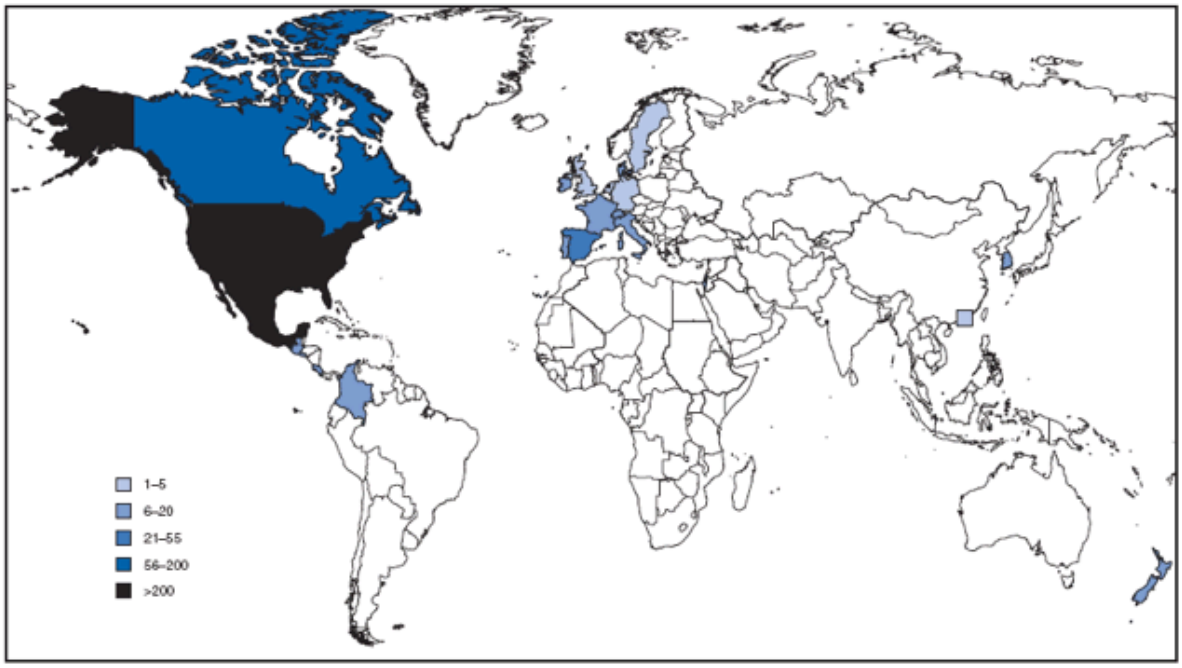

Fig. 3. Number of confirmed cases (N = 1,882) of novel influenza A (H1N1) virus infection --- worldwide, May 6, 2009*

Editorial Note:

Early surveillance data from this outbreak suggest that the novel influenza A (H1N1) virus has the potential for efficient, rapid spread among countries. Although the illness associated with infection generally seems self-limited and uncomplicated, a substantial number of cases of severe disease and death has been reported in previously healthy young adults and children. Several characteristics of this outbreak appear unusual compared with a typical influenza seasonal outbreak. First, the percentage of patients requiring hospitalization appears to be higher than would be expected during a typical influenza season (*3*). Second, the age distribution of hospitalizations for novel influenza A (H1N1)

virus infection is different than that of hospitalizations for seasonal influenza, which typically occur among children aged <2 years, adults aged ≥65 years, and persons with chronic health conditions (*3*). In Mexico and the United States, the percentage of patients requiring hospitalization has been particularly high among persons aged 30--44 years.

Two deaths have been reported in the United States, resulting in a preliminary case-fatality rate of 0.2% among patients with laboratory-confirmed disease. However, such case-fatality rates should be viewed with caution. The actual case-fatality rate is difficult to ascertain in a rapidly evolving outbreak because an unknown proportion of currently infected patients might die, denominators might be uncertain because of unreported cases, and groups at high risk for death from seasonal influenza (e.g., older adults and patients with chronic disease) might not yet have been exposed to the novel influenza A (H1N1) virus.

Summertime influenza outbreaks in temperate climates have been reported in closed communities such as prisons, nursing homes, cruise ships, and other settings with close contact (*4*--*8*). Such outbreaks typically do not result in community-wide transmission, but they can be important indicators of viruses likely to circulate in the upcoming influenza season (*8*). The novel influenza A (H1N1) virus has been circulating in North America largely after the peak influenza transmission season. For that reason, the epidemiology and severity of the upcoming influenza season in the southern hemisphere or in the northern hemisphere cannot be predicted. The imminent onset of the season for influenza virus transmission in the southern hemisphere, coupled with detection of confirmed cases in several countries in the southern zone, raise concern that spread of novel influenza A (H1N1) virus might result in large-scale outbreaks during upcoming months. Countries in the southern hemisphere that are entering the influenza season should anticipate outbreaks and enhance surveillance accordingly. Influenza virus can circulate year round in tropical regions; therefore, these countries should maintain enhanced surveillance for novel influenza A (H1N1) virus.

Studies in countries affected by the novel influenza A (H1N1) virus should help guide surveillance, case management, and prevention strategies in countries not yet affected. Key concerns that should be addressed in these studies include assessment of the potential impact on public health; clinical progression of disease, including rates and types of complications for different age and risk groups; and information on virus transmissibility. Assessment of potential disease severity associated with this novel virus will help inform decisions on prevention strategies to slow the spread of infection. Effective control measures will depend on the ability of national governments to quickly gather and share virologic, epidemiologic, and clinical information from multiple sources as new cases appear.

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* As of May 6, 2009, the number of laboratory-confirmed cases had increased to 1,112.
† Case definition available at http://www.cdc.gov/h1n1flu/casedef.htm.
§ Additional information is available at http://www.who.int/csr/don/2009_05_06.

CDC Web Archive

Richard Besser

CDC Briefing on Investigation of Human Cases of H1N1 Flu

CDC, 7 May 2009, 12 noon ESR
https://www.cdc.gov/media/transcripts/2009/t090507.htm

Operator: At this time all lines on listen only. During the question and answer session, you may press star one to ask a question. At this time, I'll turn the call over to Mr. Glen Nowak, you may begin, sir.

Glen Nowak: Thank you, thank you all for come calling in for today's press briefing as well as being here. Today's update will be conducted again by Dr. Richard Besser, acting director of the CDC, I'll turn the podium over to Dr. Besser.

Richard Sesser: Thanks very much, Glen. Thanks for joining today's briefing. This continues to be a dynamic situation. What I want to do today is provide an update on the current situation, but also talk about some of the studies going on to identify information gaps, to provide better information for guidance.

First thing I would like to talk about though is our school guidance. And we issued changed modified guidance a couple of days ago. In this guidance, we called on an approach that focused on individuals who are sick and called on personal responsibility so that if a child was sick or if a grown-up was sick, they stayed home for seven days so that their illness would run its course and they wouldn't put other people at risk I want to address the issue of these children returning to school. And I know that people are concerned well, what if they're still sick, what if they put my child at risk? You know, I think we should flip this around and congratulate these children and their families for doing the right thing, for following the recommendations for keeping their children home when they're sick We know that most children shed this virus for seven days. And that staying home for that period staying home at least one day past symptomatic if you're symptomatic for seven days will greatly reduce the risk of transmission. We want to encourage children at that point to return to schools an encourage schools and families to welcome them back. We're doing additional studies to look at viral shedding and I'll talk about that in a moment.

An update on diagnostic test kits, I've mentioned these have gone out around the country so states have these kits. There is a ramp-up here from when a state receives the kit to when they get skilled in using that kit and get validation. While states can report a suspect probable case where they have that validation, that validation step is very important and many states are holding on that validation before reporting their own results. Much of the confirmatory testing is still being done at CDC. We're working very hard to try and keep up with that testing. We've had requests for diagnostic kits from around the world. And we feel it's an important role of CDC to meet some of that demand and we have received requests from 131 countries and so far have been able to provide kits to 78 countries were working to meet the other requests as well.

Moving on to today's case update. These numbers are as of 11:00 A.M. today. We are reporting 1,823 probable and confirmed cases in 44 states. This is an increase of around 330. We are reporting 896 confirmed cases in 43 states, that's an increase of 254 cases and around 925 probable cases. Again, I want to reiterate that as soon as I say the numbers, they're wrong because ongoing testing is taking place at CDC; it takes place in every state. And so as you go to states, you will come up with numbers than are on our website. That is expected. The work continues. The median age remains

15. The range is one month to 87 years. 12 of the cases are under age one. So I do want to remind you that individuals of all ages can acquire this virus. Only about 10% of confirmed cases have a travel history from Mexico. This indicates as well ongoing transmission in communities. We would expect as this travels more around the country, that we're going to see that number go down further. So that while there may have been introduction from travel to Mexico, the spread that's ongoing does not require travel to Mexico. 58% of our confirmed cases are under 18 years of age. 5% have been hospitalized. That's 42 of the 896 confirmed cases. And two individuals died from this disease. The W.H.O. numbers from earlier today, 1,893 cases in 23 countries. They use different time periods, so it's very hard to look and see the numbers line up by country, but we report the W.H.O. numbers once a day based on their reporting scheme.

The case counts in Canada and Spain continue to increase by large numbers. In terms of what's going on in Mexico, there are 949 confirmed cases and 29 confirmed deaths. What they're seeing in Mexico is very similar to what were seeing here and that's a series of outbreaks at different stages of progression around the country. And that's what you expect. Just like we see here with seasonal flu, you'll see seasonal flu occurring at different stages around the country. *They're seeing that in Mexico. Businesses are reopening around Mexico, country-wide today and that's going to be followed by their school's reopening next week.* I really want to recognize the collaboration that's been taking place in Mexico. They have been very open to working as part of a trinational effort and inviting experts from Canada and United States to participate. This is really, I think, a remarkable model and example for the global community. When you see a new emerging infection, you really need to bring to bear in the place that ifs occurring the best scientists around.

And so the World Health Organization, the Pan American Health Organization, Mexico, U.S., Canada, all working there together to try and understand the situation. What we've learned in Mexico has been incredibly important to our response efforts here in the United States and I want to personally thank the public health community there for welcoming us as part of that effort. Again, I want to put the numbers into context. We expect to see a large increase in those numbers over the coming days. There are still backlogs in most states in terms of testing and as those backlogs are taken care of the case numbers are going to go up.

Another point I want to make is that when it comes to testing, there's usually a priority put on the sickest individuals. And so you may see in certain states higher -- what appears to be higher rates of severity and that is usually a testing artifact. So what people will do is test hospitalized patients first, test sicker individuals second and then work to see what is going on in the community as a whole. As we move forward, we will be moving to much more of a system like we used with seasonal flu. And those of you who have followed the seasonal flu picture and have looked at our website, we tend to report on flu activity. So at some point reporting on individual cases no longer has value from a public health perspective but knowing where in the country we're seeing a large amounts of flu activity does remain important. So we will transition into that kind of a system. Right now, we can say that the virus is continuing to spread both domestically and around the world.

Let me talk about some of the public health actions and just give you a heads up on a couple publications. Later today, the New England Journal of Medicine will be posting online two studies, one is looking at the first 241 U.S. cases providing detailed information on those. The second study looks at over the past four years, the ten cases of swine associated H1N1 disease. So this looks at the picture that we had been seeing and provides some insight into that. Later today, were also publishing an update on the MMWR, the Morbidity and Mortality Weekly Report, that will be reporting object global picture of H1N1 and what's being seen around the world. It really summarizes a lot of the information that we've been talking about here over the past two weeks.

I mentionedat the beginning, I wanted to talk about some of the studies that are going on to give you a flavor of the type of work that takes place during an outbreak investigation. We are undertaking multiple field studies in conjunction with states. One is looking at the evaluation of a rapid diagnostic test. Whenever you a new emerging infection, you look to develop diagnostic tests that can be used very

quickly to provide information. So there's a study that is looking at can we have a rapid diagnostic test that performs as well as the PCR test, which is the gold standard. We're looking at viral shedding. The question of how long do individuals shed this virus? So we would be looking at different age groups to see how long individuals shed this either in the respiratory secretions or in their stool. We'll look to see what the impact of antivirals is. Does that have any impact on shedding of the virus? We'll be looking at -- we are looking at virus transmission related studies. Looking at transmission within households. How much household transmission is taking place. We're doing studies looking at health care setting transmissions, were doing community surveys to see how much background disease is there. This will be very helpful to help put into perspective the numbers. You may see a state that is only reporting a small number of cases but if a community survey is showing that there's really broad based influenza-like illness, that would be very helpful to know how is this progressing, where are we in the state of the outbreak? The health care worker investigation work as I mentioned before, there's some of that is taking place here in the United States. And some of that taking place in Mexico. And the goal here is to make sure we are providing the best guidance possible for health care workers. Some of the these studies are very difficult to undertake in that we know that seasonal flu virus is still circulating in the community. And H1N1 virus circulating in the community. So for a given health care worker, attributing the source of the infection can be tough. It may be that it's acquired in the health care setting, it may have been actually that the infection was acquired in the community, but these studies are still important and can giveus a sense of what is taking place. Okay.

So in closing, a few things I wanted to mention. From the beginning I've been trying to stress this is a marathon, not a sprint. And you know, across the country, this is what were seeing. We expect this to continue to progress. We expect it to progress around the world. We expect additional countries to be affected. It's very important that we continue to pay attention and study this and learn from this and provide the best guidance we can based on available science at that time.

In the future, we will likely change our approach to these media briefings. And dial that back to a cycle that fits that kind of marathon pattern. Right now, while we're seeing new information still coming up on a regular basis, well continue this. We want to make sure that were meeting your needs in terms of information. But as we dial back, I don't want that to be taken as a sign that this outbreak isn't continuing. And that the ongoing efforts aren't still warranted. It's very important are that we keep our focus on that.

World Health Organization, has this at a level 5. And as I've explained before, they are looking in countries that have not had sustained transmission yet to see if that's starting to occur. We expect that once that occurs, we would revisit the issue of level. And then as we go forward, I want to remind people of the issue of shared responsibility. There are things that public health is doing, there are things that community groups are doing and there's so much that needs to be done on the individual level, the importance of hand washing and use of alcohol hand gel, the importance of covering your cough, the real importance of staying home when you're sick and keeping your children home when they're sick from school. And then, the importance of planning. And planning for now, but also planning for the future. Because as we've been saying, we don't know what the fall will bring. What's been seen with some previous outbreaks is that the virus goes away, because flu season ends during the winter, these viruses transmit much better than during other parts of the year. The virus could go away and come back. There are all kinds of information sources on what you can do to plan.

I would refer you to a website called pandemicflu.gov, that has great information for individual, it has information for businesses, community groups, things that you need to be thinking about because as we as a government are thinking about the fall, as we've talked about vaccines and whether that's something that's going to be done, the response to a potential pandemic is not just about vaccines, ifs been all of the things we've been talking about over the past two weeks. During this period of time, between now and the fall is critically important to individual preparedness, the community preparedness and how the impact of this could be on our communities should this virus come back in a severe form. We'll be following it very closely in the southern hemisphere that will give us clues

to what we might see in the fall and efforts people take now are empowering, they can give people some control in the event this does come back and can ensure that should this come back in a severe form, we've done all that we could to reduce the impact on the health of our population and people around the world. So with that, I'll stop and take your questions.

Operator: Thank you, ready to begin the question and answer session. If you would like to ask a question, please press star one. Again, press star one to ask a question. One moment for our first question.

Ceci Connolly: Ceci Connolly from "The Washington Post" I wanted to ask you about the 1976 experience and in what specific ways that is beginning to inform your thinking about actions in the fall. It may affect how you approach the decision around vaccination, I'm guessing it may affect how you handle public messaging. What are you already studying and thinking about there?

Richard Heuer: Yeah, thanks. In 1976, the country was faced with decisions around whether to develop and administer a vaccine for a new flu strain. We may as a nation be faced with similar decisions. Ifs important that these decisions be informed by science. But ifs also important for us to understand where science takes you and what's left beyond that. And this administration has taken a very proactive stance in terms of public engagement. And that's something CDC as an agency has found extremely valuable. Engaging the public around some of these decisions. Things that we'll be looking at will include what would take place in the southern hemisphere. Are we seeing severe disease, are we seeing a virus that's competing very well with seasonal flu strains that are circulating down there. That will give some of the scientific information that goes into this. We'll be looking at the virus to see has it mutated into something more severe? Has it picked up any of the factors that we know have been associated with severe disease in the past. Has it developed any resistance? What is happening in terms of the age distribution of who is getting sick-Those – that will be very important scientific information. At the same time, were working on the development process in terms of vaccine to see -- to move us forward in terms of developing a safe and effective vaccine. But in the end, the decision will need be to be made and we're all reviewing the process that took place in 1976, trying to understand lessons learned. And we'll be getting a lot of input from people around the country, around that decision.

Richard Sesser: Next question from the phone.

Operator: We have a question from Helen Branswell from the Canadian Press. You may ask your question.

Helen Branswell: Hi, thanks very much. Hi, Dr. Besser, I was hoping you could give us a sense of whether your sense is that there's a lot of ongoing transmission or if ifs starting to peter out with the sort of rise in temperatures. You know, you mention the fact that some of this would be backlogged testing in the labs. There had been an anticipation this would start to peter out towards the summer. Are we actually seeing that? Or are you seeing continuing evidence this thing is still spreading?

Richard Heuer: Thanks. As we look at the data so far, we are not seeing any sign of this petering out. And we would not expect that we would at this point. We are still in the upswing of what we call the epidemic curve. We fought the cases over time and were on the upswing. When we look at the data from Mexico, there's still significant ongoing transmission there, but they're seeing similar phenomena to what were seeing here but that's a different picture were seeing in other parts of the country. This would be very early for us to see any kind of leveling off here. We expect to see far more cases and that's part of why we're going to be moving away from case counts. It doesn't become as useful as being able to talk about widespread activity in a given place, limited activity. You know, isolated activity, the kinds of terms that we've used in seasonal flu. Hopefully well be aided by warmer weather and periods of time when flu viruses don't transmit as easily. But at this point, we see ongoing transmission, we expect that to continue. That's why people need to continue to wash their hands or use alcohol based gels. Cover their coughs, stay home when they're sick, keep their children home when they're sick. Next question from the phone.

Operator: Thank you. Our next question comes from Sharon Otterman with "The New York Times," your line is open. Sharon Otterman with "The New York Times," your line is open. Please check your mute feature. We'll go ahead to the next one. That's John Cohen with "Science" Magazine. you may ask your question.

John Cohen: Hi, thanks for taking my call. The MMWR coming out today says and I'll quote from it, the percentage patients requiring hospitalization appears to be higher than would be expected during a typical influenza season. Can you clarify whether that's because of the testing issue that you mentioned later or whether that's accurate as is?

Richard Sesser: It appears to us that that is a testing phenomenon. And you know, that was summarized I think yesterday, we had a visit from the mayor of New York who said you want 200 more cases let me know and we'll test 200 more people. What you're going to see and what were already seeing at some of the state level is that they are change are their testing policy. Because it uses resources, laboratory resources, personnel resources and if it's not going to affect the care of the individual or the public health decision, once you have widespread activity, that individual testing loses a lot of that value. So we're seeing some shifting around in that percent as we see more testing of the less acute cases but were not seeing this as more severe than what has been seen with recent seasonal flu outbreaks. Next question from the phone.

Operator: Thank you. Our next question comes from Mike Stobbe with the Associated Press. You may ask your question.

Mike Stobbe: Hi. Thanks for taking the call. Two questions, the first one, doctor, earlier, there had been a lot of questions about what's going on in Mexico versus the United States and why does it seem more severe there and an explanation was they were further along, probably more cases going on, so it was hard to compare. Now we've got about roughly equal numbers of confirmed cases in both countries. 949 versus 896, but we've got two deaths in the U.S. and I've seen 29 and I've seen 42 in the number of deaths in Mexico. Can we compare those numbers and do we have a better understanding right now of why does it does seem a little more severe in Mexico?

Richard Besser:Thanks, Mike. I don't think we can compare that. Because the outbreaks occurred sooner in Mexico. One of the things you see in flu outbreaks is that mortality, death is a lag indicator. You can have an outbreak and people who are sick in the hospital who are lingering for quite a while and death occurs late and so I wouldn't feel comfortable saying that we have a great handle on that number. I expect that as we see more cases in more places, as we see more severe cases that we will see more deaths in this country. And so I wouldn't put much on that. One of the things were able to look at and will be looking at over time is treatment practices in the two countries and presentation practices. You know, we don't have good data on it yet but the general sense in Mexico is that people tend to wait longer to come to the hospital. And that may have an impact in terms of treatment and treatment outcomes. So right now, I cannot say that there is a true difference between what's taking place in Mexico and what we're seeing here. Next question from the phone?

Operator: Next question comes from Craig Schneider with Atlanta journal Constitution. You may ask your question

Craig Schneider: Hello. Pm sorry if somebody asked this before, but did want to get a general sense of what the CDC's guidelines or as to who should be tested now I know the states are making own policies but is the CDC saying anything in general as to who should be tested now?

Richard Sesser: The use of testing will vary by location. And that's appropriate. I understand that New York state is backing off on some of their testing because they have a fair amount of disease in that state. And so where you are in terms of the outbreak in –

Craig Schneider: Let's say Georgia.

Richard Heuer: What you want to do is early on, especially before you've had any documented cases, you want to do more widespread testing. You want to do testing of cases across the continuum, you want to make sure that you, that you're definitely testing severely ill people wherever, if

someone is in the hospital and ifs acutely ill with respiratory illness, you want to test them for this virus. Where you're going to start to see the differences is in the milder cases. And I think also you want to make sure that in individuals where the diagnosis would impact on your treatment, individuals who may have certain underlying tonic disease where is it could impact on other treatment they received, you want to make sure that doctors are involved in those decisions. Individuals who are sick should be contacted from their doctors around those decisions. But the differences you see from state to state, most frequently relate to where they are in the outbreak. We've been saying the number of states each day that have cases and today we're reporting that there are confirmed cases in 43 states. Well, the seven states that don't have confirmed cases, I would expect they're going to be doing much broader use of testing than the states that already have confirmation. Two more questions from the phone.

Operator: Our next question comes from Erin Sykes with NBC News Channel, you may ask your question.

Erin Sykes: Hi, there's so much. I would like to get your opinion on swine flu parties and what perspective can you provide on this? It seems to go against the advice that you've been providing to Americans about how to protect themselves from the flu but there's till this I idea that exposing yourself to the illness may about way to protect yourself from the virus in the fall.

Richard Sesser: I've been hearing a little bit about this and I appreciate the question. I think that having swine flu H1N1 parties is a big mistake. This is the new emerging infection. And were learning more each day. But you know, how an individual person will be impacted by the infection is not something we know. And I think that it is – you know it is a big mistake, ifs that putting individuals and children at risk. And CDC does not recommend that people follow that course. One last question from the phone.

Operator: Our next question comes from Kate Traynor with the American Journal. You may ask your question.

Kate Traynor: That's the American Journal of Health System Pharmacy. Thanks for taking my question. CDC late last night updated its interim guidance on anti-viral use in H1N1 infected people and it looks like you're pretty much telling clinicians to handle this as if it were seasonal flu a whereas before people thought to have H1N1 but weren't necessarily very sick were supposed to be getting anti-virals. Can you tell me a little bit about how that has evolved?

Richard Sesser: As we learn more each day, were going to be revising our various guidance documents. You will see as I've said from day one, you will see some inconsistencies between various guidance documents as we transition. One of the first documents that we revised is the school closure guidance. We've just revised the clinical treatment guidance and clinical treatment guidance now is much more in line with what we do with seasonal flu, the reason for that is that we have additional information in terms of severity. And our feeling in terms of severity is that this strain is currently acting much more like the seasonal flu strain and that is allowing us to adapt that. Our other guidance documents are also going to review and will be updated as well when we find documents that are based on a level of severity that we no longer think is occurring in our communities.

Reporter: Okay. Thank you.

Richard Sesser: So we appreciate when people bring some of these inconsistencies to our attention. We are reviewing them and were working very hard to make sure that there's – that what is said in one guidance document in terms of severity, in terms of approach is consistent with what is in other documents. Thank you very much for your time. Thank you.

End

CDC informed on **May 7, 2009**, that ...
businesses are reopening around Mexico, country-wide today
and that's going to be followed by their school's reopening next week ...

EL UNIVERSO
El Mayor Diario Nacional

México reanuda sus actividades y baja alerta por la gripe porcina

El impacto económico por la epidemia en el país azteca sería de unos $ 2.300 millones

El Universo, 7 de mayo 2009, 00h00
https://www.eluniverso.com/2009/05/07/1/1361/476A34BE4A094E71AF08FCD81EDCEAA1.html

Los bares, teatros, cines y eventos deportivos serán reabiertos al público hoy en Ciudad de México, donde ya volvieron a funcionar restaurantes, así como los sitios arqueológicos en todo el país, tras superarse el pico de la gripe porcina que deja 44 muertos y 1.070 infectados.

Las autoridades de la capital mexicana, la más afectada por la gripe, bajaron ayer la alerta sanitaria de naranja (elevado) a amarilla (medio).

Desde hoy pueden volver a funcionar "bares, cabarets, centros nocturnos, discotecas, salón de baile, estadio deportivo, plaza de toros, estadio de fútbol, cine, teatro, billar, salón de fiestas, centro deportivos, parques diversiones", indicó Melquiales López, vocero del Comité de Vigilancia Epidemiológica de la ciudad.

Unos 30.000 restaurantes capitalinos y los sitios arqueológicos en todo México reabrieron sus puertas ayer y millones de mexicanos retornaron a sus trabajos después de un receso de cinco días por la epidemia de la gripe AH1N1.

Los muertos por la epidemia subieron de 29 a 44 y el número de contagiados llegó a 1.070, anunció ayer el ministro de Salud, José Ángel Córdova.

En un acto en Michoacán, su estado natal, el presidente Felipe Calderón afirmó que México está ganando la batalla contra la epidemia, aunque llamó a "no cantar victoria" porque el nuevo virus AH1N1 seguirá expandiéndose.

Millones de mexicanos regresaron a sus labores bajo estrictas medidas de prevención, luego que las autoridades decretaron el pasado jueves un largo fin de semana de cinco días para reforzar las medidas de resguardo contra la gripe.

El impacto económico por la epidemia de gripe porcina en México sería de unos 2.300 millones de dólares, equivalentes a alrededor de 0,3% del Producto Interno Bruto (PIB), pronosticó el martes el ministro de Hacienda, Agustín Carstens.

Sin embargo, se mantienen las medidas denominadas de "distanciamiento social" en los sectores público y privado, que consisten en evitar las aglomeraciones, observar las medidas de higiene y no saludarse con beso ni con la mano.

Mientras, Estados Unidos, informó el martes de la muerte por el virus AH1N1 de "una mujer (...) que tenía problemas crónicos de salud", en Texas, llevando a dos los casos letales de gripe porcina en EE.UU., que confirmó además 642 casos de contagio. El anterior había sido un niño mexicano.

Más casos en Europa

La nueva gripe AH1N1 continúa extendiéndose en Europa, donde la Organización Mundial de la Salud (OMS) confirmó más infecciones en Gran Bretaña, España, Italia y Alemania.

El virus ha llegado a 22 países, de los que Guatemala es el último en sumarse a la lista de la OMS, con un caso confirmado por esta enfermedad.

НОВАЯ ГАЗЕТА

Елена Рачева

Пандемия лоббизма: На чем основаны обвинения Геннадия Онищенко в адрес Всемирной ассоциации здравоохранения и при чем тут бывший министр обороны США

Новая Газета, 8 мая 2009, 08:00
https://novayagazeta.ru/articles/2009/05/08/42921-pandemiya-lobbizma

Глобальный кризис забыт, рост цены на нефть не замечен: новости о распространении «свиного гриппа», для реабилитации свинины срочно переименованном в вирус H1N1, вышли на первые полосы газет. Всемирная ассоциация здравоохранения (ВОЗ) присвоила ему пятую (из шести) стадию угрозы, следующая – признание пандемии. Первой на угрозу пандемии откликнулась швейцарская компания F.Hoffman-La Roche.

Фирма передала Всемирной организации здравоохранения (ВОЗ) три миллиона упаковок антивирусного препарата «Тамифлю», который ВОЗ называет основным (а производитель – единственным) средством лечения «свиного гриппа». По сообщению компании La Roche, запасы препарата сделаны правительствами уже 85 стран мира и рассчитаны на 25–50% населения. Мир вздохнул облегченно, а котировки акций компании La Roche начали расти, явно опережая распространение самого гриппа.

И тут свое слово сказал главный санитарный врач России Геннадий Онищенко. Он заявил, что официальные представители ВОЗ не предоставили медицинским властям мира информацию о свойствах вируса H1N1, без которой нельзя создать вакцину против него, а вместо этого порекомендовали использовать препарат «Тамифлю», что, по словам Онищенко, «некорректно и противоречит уставу ВОЗ».

«Наша любимая Всемирная организация здравоохранения, которая является средоточием всего положительного, что есть у здравоохранения на этой планете, выступает в роли маркетингового отдела фирмы La Roche, которая совершенно случайно оказалась в той же стране – Швейцарии, в том же городе – Женеве. Разве так можно?» – заявил он в прямом эфире радио «Эхо Москвы» и добавил, что «Тамифлю», конечно, помогает, но кроме него существует «международная панель применяемых антиретровирусных препаратов».

Нельзя сказать, что мнению непримиримого борца с соседскими шпротами, боржоми и вином можно слепо доверять. Но, к сожалению, Онищенко не единственный, выдвигающий подобные упреки. Он просто пошел дальше, связав лоббистские усилия La Roche с деятельностью Всемирной ассоциации здравоохранения.

Вспомним историю препарата «Тамифлю». Это название стало широко известно в 2004 году, когда лекарство объявили эффективным против «птичьего гриппа». Заказы на него пришли из шестидесяти стран, в 2004-м доходы от продажи препарата увеличились почти в четыре раза и составили 44,6 млн долларов, а в 2005-м – 161,6 млн долларов. При этом информация, что вызвавший эпидемию неизвестный вирус аналогичен вирусу птиц, впервые прозвучала на пресс-конференции La Roche. Китайское «Бюро по контролю за оборотом

лекарственных средств» даже начало расследование ситуации, но ничего не добилось. Врачи подвергали сомнению действенность препарата, утверждая, что его принимали 70% умерших от «птичьего гриппа». Зато стоимость акций компании La Roche, продающей препарат, и его разработчика Gilead Sciences (получающего пятую часть средств от каждой проданной таблетки) резко выросла. А вот ценная информация для патриотов-сторонников теории заговоров: одним из акционеров Gilead Sciences был Дональд Рамсфелд, бывший министр обороны США. На пике угрозы эпидемии «птичьего гриппа» он, по данным налоговой декларации Рамсфелда за 2004 год, продал часть своих акций за 5 млн долларов и остался владельцем пакета еще на 25 млн.

Конечно, лоббизм «Тамифлю» – это скандальная версия. Понятно, ВОЗ важнее справиться с болезнью, чем оглядываться на предсказуемые обвинения в ангажированности, а фармацевтическая компания не может не воспользоваться угрозой пандемии для продвижения своего лекарства. И сделает это успешно: как сообщили «Новой» в сети аптек «36,6», препарат «Тамифлю» до недавнего времени не пользовался популярностью у покупателей, но за последние дни был полностью раскуплен.

В компании «Протек» (дистрибьюторе «Тамифлю») говорят об увеличении спроса на препарат со стороны аптек. Несмотря на цену в две тысячи рублей за 10 капсул, практически все запасы «Тамифлю» раскуплены. Как рассказывают в администрации сети аптек «Итек», паникующие люди скупают и другие противовирусные и профилактические средства, к примеру, арбидол и амиксин, а также марлевые маски для лица и дезинфицирующие средства для рук.

По словам Давида Мелик-Гусейнова, директора по маркетинговым исследованиям отраслевого агентства «Фармэксперт», до сих пор «Тамифлю» не считался ключевым продуктом компании, специализирующейся на дорогостоящих онкологических лекарствах. Но продажи антивирусного препарата выросли настолько, что он скоро может войти в пятерку самых продаваемых препаратов La Roche. «Проблема лоббизма фармацевтических средств встречается. Доказать его в случае La Roche сложно, но предсказать повышение прибыли компании можно уже сейчас», – говорит Давид Мелик-Гусейнов.

World Health Organization

Status of candidate vaccine virus development for the current Influenza A(H1N1) virus

Geneva, WHO, 8 May 2009

https://web.archive.org/web/20090510070926/http://www.who.int/csr/resources/publications/swineflu/vaccine_virus_development/en/index.html

For the current influenza A(H1N1) virus, **WHO Collaborating Centres for influenza** (WHO CCs), Essential Regulatory Laboratories (ERLs) and other institutions are developing candidate vaccine viruses under the coordination of WHO1. Once a vaccine virus is available, WHO will announce the availability on its public website2. For general queries, please email to GISN@who.int

Candidate vaccine viruses using reverse genetics technology are being developed by:

1. WHO CC in the Centers for Disease Control and Prevention (CDC), Atlanta USA, from A/California/4/2009(H1N1)swl. Expected availability end of May. Email queries to: rdonis@cdc.gov
2. ERL in the National Institute for Biological Standards and Control (NIBSC), UK, from A/California/7/2009(H1N1)swl and A/England/195/2009 (H1N1)swl. Expected availability end of May. Email queries to: enquiries@nibsc.ac.uk
3. ERL in the Centre for Biologics Evaluation and Research (CBER), Food and Drug Administration (FDA) USA, from A/California/4/2009(H1N1)swl and A/Texas/5/2009(H1N1)swl. Expected availability not yet known. Email queries to: zhiping.ye@fda.hhs.gov
4. WHO CC at the St. Jude Children's Research Hospital, Memphis USA, from A/California/4/2009 (H1N1)swl, A/New York/20/2009(H1N1)swl and A/Ohio/7/2009 (H1N1)swl. Expected availability not yet known. Email queries to: richard.webby@stjude.org
5. WHO CC at National Institute of Infectious Diseases (NIID), Japan, from A/California/4/2009(H1N1) swl and A/California/7/2009(H1N1)swl. Expected availability not yet known. Email queries: mtashiro@nih.go.jp
6. CSL Limited, Australia, from A/California/4/2009(H1N1)swl and A/California/7/2009(H1N1) swl. Expected availability not yet known. Email queries: Peter.Schoofs@csl.com.au

Candidate vaccine viruses using classical reassortment technology are being developed by:

1. ERL NIBSC, UK, from A/California/7/2009(H1N1)swl, an egg virus isolate. Expected availability not yet known. Email queries: enquiries@nibsc.ac.uk
2. New York Medical College, USA, from A/California/7/2009(H1N1)swl. Expected availability not yet known. Email queries: DORIS.BUCHER@NYMC.EDU
3. CSL Limited, Australia, from A/California/7/2009(H1N1)swl. Expected availability not yet known. Email queries: Peter.Schoofs@csl.com.au

Development of vaccine potency reagents for inactivated vaccines against Influenza A(H1N1) is planned in:

1. ERL NIBSC, UK. Email queries to: enquiries@nibsc.ac.uk
2. ERL CBER FDA, USA. Email queries to: zhiping.ye@fda.hhs.gov
3. ERL, Therapeutic Goods Administration (TGA), Australia. Email queries: gary.grohmann@health.gov.au
4. ERL NIID, Japan. Email queries: mtashiro@nih.go.jp

Wild type viruses have been / are being sent to vaccine manufacturers on request including:

Baxter, CSL Limited, GlaxoSmithKline Biologicals, MedImmune, Microgen, Nobilon International, Novartis, Omninvest Vaccines, Pasteur, Solvay and Vivaldi.

WHO coordinates WHO CCs, National Influenza Centers and ERLs. This Network is monitoring the evolution of influenza viruses, both seasonal and those with potential to cause a pandemic, including the current influenza A(H1N1). The Network also provides recommendations and updates on diagnostics, monitors the susceptibility of emerging influenza viruses to antiviral drugs, and selects, develops and distributes vaccine viruses.

http://www.who.int/csr/disease/swineflu/en/index.html

Science

Jon Cohen

Out of Mexico? Scientists Ponder Swine Flu's Origins

Science, 8 May 2009, 324 (5928): 700-702
doi: 10.1126/science.324_700 // https://www.science.org/doi/10.1126/science.324_700
https://web.archive.org/web/20160222210828/https://www1.paho.org/hq/dmdocuments/2010/ScienceMagazine_AH1N1.pdf

Each scientist at the forefront of the current swine flu outbreak remembers the day when it became clear that this was not a typical influenza season. For Celia Alpuche, that date was 7 April, more than 2 weeks before hundreds of other scientists, doctors, secretaries of health, and even presidents would also start losing sleep over a virus now officially known as 2009 A (H1N1).

Alpuche is an infectious disease microbiologist who heads the Instituto Nacional de Diagnóstico y Referencia Epidemiológicos (InDRE) in Mexico City, the country's main lab for testing influenza samples. On that Tuesday in early April, she learned that the nearby National Institute of Respiratory Diseases had severe cases of pneumonia in young adults – the age bracket that typically suffers the least harm from flu. “It sounded unusual,” says Alpuche. “Immediately, we started to get the data around this cluster.”

Alpuche and her team analyzed data on the country's influenza from this season and the one before, looking at the distributions of the virus's two strains, A and B. They noticed that this year's flu season seemed unusually long and that B cases accounted for 37% of the total, up from 15%. Surveillance data in the United States looked similar.

It turned out that the bump in influenza B had nothing to do with the swine flu outbreak, which is caused by an A strain. But it clouded Mexico's early attempts to make sense of these odd respiratory cases in young adults. “It was very confusing,” says Alpuche. Nor did InDRE or other less sophisticated Mexican labs have the capability to identify a novel H1N1 strain, ultimately leading Mexico to ask Canada and the United States for assistance. “This is a new, unknown virus,” she says, and those are notoriously difficult to detect. The U.S. Centers for Disease Control and Prevention (CDC) and the Public Health Agency of Canada confirmed that the novel virus was an H1N1 strain of swine flu origin on 23 April. Since then, says Alpuche, Mexico has been “working very hard” to overcome its limitations in diagnostics and surveillance.

Alpuche and her superiors reject the assertion that Mexico, where the outbreak seems to have emerged, might have contained the virus if officials had pounced on it sooner. “I don't see any way we could have acted faster,” says epidemiologist Mauricio Hernández-Ávila, the vice minister of disease prevention and health promotion for Mexico's Ministry of Health.

The exact dates remain fuzzy, but Mex-ico's outbreak of 2009 A (HI NI) surfaced at the earliest in mid-March, and Alpuche and colleagues had their antennae wiggling by early April. '1 think the Mexicans did all that was possible with a virtually impossible situ-ation," says Ira Long in i, an epidemiologist at the University of Washington, Seattle. Longini's models of influenza pandemics have shown that it's nearly impossible for a country to contain an outbreak of a new influenza virus. "You can see what happened in the United States," says Hemandez-Avila. "They even found the virus before we did, and they were not able to contain it." (The first U.S. case was confirmed on 14 April).

Mexico is but one player under the microscope for its early actions in this outbreak: The World Health Organization (WHO) and CDC have also received close scrutiny. And the microscope has finer resolution than ever before because of Web cast press conferences, Twitter, Facebook, YouTube, Google Maps, and Skype. Yet the same Internet-fueled technologies have helped these same people do their jobs.

"I'm amazed at the capacity we have with the information and communication technologies," says epidemiologist Mirta Roses Periago, head of the Pan American Health Organization. "We used to do things with our hands and smelling and looking at the patients." During the past few weeks, she notes, scientists have rapidly shared sequences of the viruses, digital images of patient x-rays, and electron micrographs of the new H1N1.

"At this point in history, this is the best surveillance we've ever had," said Keiji Fukuda, one of WHO's assistant director generals. As of 4 May, that surveillance had confirmed more than 1000 cases in 21 countries, and WHO had raised the pandemic threat alert to phase 5, one shy of a full-blown pandemic. Phase 5 indicates that two countries in the same region (the United States and Mexico) had ongoing, person-to-person spread in communities. Although early this week there was some indication that the virus might not be as dangerous as first feared, many still expect that a phase 6 alert, which indicates the same high level of spread in two or more WHO regions, is inevitable.

The origin of the virus, its muscle power, and how much of a threat it presents remain mysteries. "We're not quite certain how this is going to evolve," said Fukuda at a 4 May press conference. Despite this uncertainty, health officials and companies are gearing up to rush a new vaccine into place, if it is needed (see p. 702); already, WHO and governments have released antiviral drugs from their stockpiles (see p. 705).

After Mexico, the United States has had the most cases, which on 5 May totaled 403. The almost simultaneous confirmations of the outbreak in both Mexico and the United States initially added further confusion to the outbreak's origins. But the virus itself has helped clear up matters, says Ruben Donis, CDC's chief of the molecular virology and vaccines branch.

Donis has led a full-tilt effort to sequence viral isolates and post them in GenBank, a publicly available database that by 4 May had nearly 200 entries of H1N1 genes. The genetic information helps labs around the world develop diagnostic tests for this new virus, key to speeding the investigation; at first Mexico and many other countries had to rely on CDC or the Public Health Agency of Canada (Science, 1 May, p. 572) to confirm suspected cases.

Donis's group has used the gene sequences to tease out some of the virus's surprising history. A comparison to known influenza strains in different species shows that about one-third of the virus is from "classical" North American swine influenza, one-third is North American avian, and the remaining third is divided evenly between human and Eurasian swine (see pie chart). "It's almost equidistant to swine viruses from the United States and Eurasia," says Donis. "And it's a lonely branch there. It doesn't have any close relatives."

Some have speculated that the outbreak started from an infected pig in Mexico, as an early case occurred in a region in Veracruz state that has a large pig farm. But Donis says this explanation may be too pat. He suggests that the virus may have originated in a U.S. pig that traveled to Asia as part of the hog trade. The virus may have infected a human there, who then traveled back to North America, where the virus perfected human-to-human spread, maybe even moving from the United States to Mexico.

Alpuche notes that some of the earliest cases occurred in communities "well known for migration." And a scouring of older samples – which is ongoing – recently uncovered a Mexico City case from 11 March, about a week before any confirmed infections in Veracruz. As to what enabled this swine influenza for the first time to transmit easily between humans, Donis says the sequence alone can't answer that question.

On 2 May, Canada's Food Inspection Agency reported that 2009 A (H1N1) had been found in pigs for the first time. But in yet another twist, the virus seems to have come from a farm worker who recently returned from Mexico with a bout of swine flu and then infected the herd. This type of transmission, so far detected in 220 of the 2200 animals, may be a first, says Christopher Olsen, a swine influenza researcher at the School of Veterinary Medicine at the University of Wisconsin, Madison: "I honestly can't think of an instance where we saw a swine virus move to humans and move back in this fashion."

The greatest concern is what will this confusing virus do next? Hernández-Ávila says he believes the outbreak in Mexico has stabilized. By 4 May, fewer samples were coming into the labs and fewer patients were checking into hospitals with respiratory diseases. Earlier, the country reported a few thousand suspected cases and close to 200 deaths, but out of 2164 tested samples, labs only confirmed 727 infections and 26 fatalities.

But several experts stressed that the outbreak is still young. "I don't think we're out of the woods yet," said Anne Schuchat, CDC interim deputy director for science and public health, at a 3 May press conference. "We don't know if the virus will return in the fall and come back harder than it is right now." CDC's Donis, originally from Argentina, also notes that the United States and Mexico are in the Northern Hemisphere, where flu season has peaked. "We're in a good position," he says. "The folks in Buenos Aires are in trouble. They're entering winter now."

So while scientists and health officials in the north may soon be able to get a good night's sleep, the espresso machines in labs and government ministries in the Southern Hemisphere may soon be working overtime.

NEWS

Swine flu saga's key moments? Stay tuned

The most pivotal moments in the swine flu saga are yet to come

NBC News, 11 May 2009, 12:54 AM + 0.8
https://www.nbcnews.com/id/wbna30645731

The most pivotal moments in the swine flu saga are yet to come.

Will it sweep through impoverished Southern Hemisphere countries in the next few months? Will it roar back in the rest of the world in the fall? And who will be vaccinated if it does?

In the weeks since swine flu grabbed international attention, and even years before that, some important actions have helped shape the course of this outbreak and the ways the world will handle future epidemics.

It's not clear if this new swine flu strain is a brush fire, sparking up around the globe only to fizzle, or if it will worsen when the regular influenza season hits.

No matter how this story ends, at the very least it has offered a real-world drill to find gaps in the playbook.

"We've been given an opportunity to take a look at this before it really got bad, and we need to," said Dr. Michael Osterholm of the University of Minnesota, a prominent pandemic flu specialist. "We better damn well do it now because one day we are going to really be in it for more than a week. If it's not this virus, there will still be another one."

For this virus, the coming months will bring a series of big decisions: Do manufacturers start brewing millions of swine flu vaccine doses? Will they be stockpiled unless the new flu returns or given along with or soon after regular flu shots? Will rich countries share enough with the developing world? Who gets in line first – the younger people that this strain so far seems to target or the elderly who usually are flu's most vulnerable?

"You may only have one chance to get out ahead of it," Dr. Richard Besser, acting chief of the Centers for Disease Control and Prevention, told The Associated Press. "It's important for people to understand that all of these decisions will need to be made with incomplete science."

The first turning point

A different virus was the world's wake-up call. SARS (severe acute respiratory syndrome) started in China, and once it broke out of the mainland in early 2003, it took just weeks to infect more than 8,000 people from 37 countries. The virus killed more than 770 people before it disappeared.

Governments started scrambling to put together plans to handle the next global disease threat. Soon after, bird flu hit Asia, reinforcing the need.

Had the new swine flu hit sooner, before all that pandemic planning, it almost certainly would have spread faster. Even if it proves no more dangerous than garden-variety flu, that's deadly enough; a pandemic is more about geography than super-lethality. By the World Health Organization's tally, between 250,000 and 500,000 people worldwide die each year because of regular winter flu.

Uncovering the threat

As early as February, people in the Mexican hamlet of La Gloria were suffering unusually strong flu symptoms. When officials arrived to investigate in mid-March, nearly half the 3,000 villagers came out seeking medical help. About 450 were diagnosed with acute respiratory infections and given antibiotics. Mexico was investigating, but not until April 12 would the outside world – the CDC and Pan American Health Organization – start getting official word of the unexplained illness that eventually would be blamed for dozens of deaths throughout Mexico.

By then CDC already was on the trail of swine flu in California. The virus had spread before anyone knew it existed.

Preparation had paid off. In its pandemic planning, the U.S. starting in 2005 put money into researching better influenza detection. Studies of new methods found two unrelated children in San Diego with a strain of Type A influenza that turned out to be a never-before-seen type of swine flu. Puzzled, CDC announced the cases and started hunting more. On April 23, the agency confirmed five more illnesses in California and Texas and put all states on alert.

"At what point does unusual become concerning and at what point does concern lead to action?" Besser said. "We had to make that call."

That same day, CDC and a Canadian lab that Mexico had consulted delivered the bad news: The new flu was in Mexico, too.

Could Mexico have signaled a problem sooner? The Pan American Health Organization dismisses the question as one for historians.

"We would have done everything the same if we had it to do over again," said Hugo Lopez-Gatell Ramirez, deputy director of Mexico's Intelligence Unit for Health Emergencies.

Aggressive action

With the diagnosis, Mexico's government immediately ordered the closure of all schools, museums, libraries and theaters in Mexico City. The following days brought increasingly drastic actions. Schools nationwide and other businesses shut down, streets mostly emptied and soldiers handed out millions of face masks.

With a handful of known illnesses at first, the U.S. raced antiflu drugs from a government stockpile – enough for 11 million people – out to every state. After a large outbreak at a New York City school, apparently spread by students who vacationed in Mexico, U.S. schools started closing. Ultimately about 468,000 students around the country were affected before the CDC decided that schools should reopen because the virus was mild.

Overall, "what happened was not overreaction. It was a prudent response," said Michael Leavitt, the Bush administration health secretary who led development of the U.S. pandemic flu plan and advised other governments on theirs. "If imminent information about terrorism is known to authorities, they need to react. A pandemic is sort of nature's terrorist."

Young children tend to be initial spreaders of regular winter flu, taking it home to family and friends, which is one reason that school closings are included in pandemic plans. But in this case, travelers were early spreaders.

"I'm not saying that was the right approach or the wrong approach, but what we've learned is we need to be proportionate in our response with what the risk is in our community," said flu specialist Osterholm.

Pandemic or not?

The World Health Organization, following its post-SARS guidelines, declared an international emergency the day after Mexico's outbreak made headlines, to spur countries to check where else the new flu had spread – eventually to two dozen countries and counting.

Days later, the WHO issued an unprecedented warning: The world was close to a full-fledged pandemic. Sustained spread in regions beyond North America, rather than smallish outbreaks, would tip the scale.

For years, the U.S. had run drills. What would it do if bird flu started rapidly spreading in Asia? Close the borders to buy a little time. Reality brought a surprise.

The new swine flu started in North America, too late to close any borders. While the U.S. joined other countries in discouraging travel to hardest-hit Mexico, and some nations discouraged travel to the U.S. and Canada, too, once flu starts spreading in numerous places, such actions have little effect.

Asia remained largely untouched. China, no doubt recalling the harrowing days of SARS, tried to keep it that way by quarantining dozens of Mexicans for days.

Still to come

What happens to all those antiflu medicines that were shipped to U.S. states but not used? They're waiting, under guard, in case they're needed come fall. Leavitt, the former health secretary, said that's the next weakness. Flying in drugs is easy; getting them to the sick is hard.

"The further into a pandemic you get, the more spontaneity that's required and the more lack of preparation reveals itself," he said.

Then there's the vaccine dilemma.

Makers could be told to start brewing doses in a few weeks. But that will take months and require testing, led by the U.S., of initial shots to see if they induce immunity, with one dose or two, and seem safe. The last mass vaccination against a different swine flu, in the U.S. in 1976, was marred by reports of a paralyzing side effect — and that time the flu didn't return.

"One of the lessons of the '76 experience is to take account of the uncertainty," said Institute of Medicine President Harvey Fineberg. "Be able to take account of new information to modify your course."

If vaccine is ordered, would developing countries get a fair share? The WHO is calling vaccine makers together in late May to push for fair access. Regardless, any shots will come too late for the Southern Hemisphere, where influenza season is about to start.

World authorities will closely track the new swine flu there, for help deciding whether to order vaccinations for the rest of the world starting in the fall. The big worry is that the virus will mutate, becoming more severe.

"The thing that's keeping me up at night right now is that feeling of dodging the bullet, in the sense that people are taking a sigh of relief too soon," the CDC's Besser told the AP.

Science

Jon Cohen

A New, New H1N1 in Mexico?

Science, 15 May 2009, doi: 10.1126/article.41541
https://www.science.org/content/article/yet-another-new-patient-zero-swine-flu-pandemic

This odd exchange took place at today's press conference with the U.S. Centers for Disease Control and Prevention (CDC).

David Brown, The Washington Post: There's a report that there is yet another new H1N1 virus that has been found in the states of Durango, Zacatecas, and Jalisco that is distinct from both this swine H1N1 and the seasonal Brisbane H1N1. Have you heard of this and can you tell us anything about this?

Daniel Jernigan, CDC's deputy director of influenza division: We've heard of some reports about that, but I've not had any direct information about the specifics of that case. There's ongoing dialog between us and the folks that are in Mexico, and as we know more about that, we'll be able to let people know.

Update #1: 15 May 2009, 6:44, EDT
"We heard a rumor but think it may be a misinterpretation of some lab data by a non-lab person," Nancy Cox, head of CDC's influenza division, tells ScienceInsider. "We are following up."

Update #2: 15 May 2009, 9:57 pm EDT
"There is no scientific evidence, up to date, that we have a different A (H1N1) virus other than human seasonal or swine-origin H1N1," Celia Alpuche, head of the main lab in Mexico that does influenza testing, tells ScienceInsider.
"We have seen influenza seasonal strains circulating even more than swine-origin A (H1N1) virus, in particular in areas in Mexico such as Durango, Jalisco, and Zacatecas.
We started the subtyping of these strains and we are finding mostly A (H3) seasonal and also A (H1) seasonal."
Alpuche, who heads the Instituto de Diagnóstico y Referencia Epidemiológicos (InDRE) in Mexico City, says they are exploring the hypothesis that a more virulent variant of the new H1N1 may explain the more severe cases in Mexico, but again, no existing evidence supports this possibility.

Read also:

Cohen J. **Exclusive: Interview With Head of Mexico's Top Swine Flu Lab**. *Science*, 1 May 2009; https://www.science.org/content/article/exclusive-interview-head-mexicos-top-swine-flu-lab

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GlaxoSmithKline update:
A (H1N1) influenza vaccine development

London UK & Philadelphia US, GSK, 15 May 2009
https://web.archive.org/web/20090515213253/http://www.gsk.com/media/pressreleases/2009/2009_pressrelease_10054.htm

- GSK has received orders from several governments aiming to stockpile a new candidate A (H1N1) adjuvanted influenza vaccine as a precautionary measure
- Company to manufacture the new vaccine, once virus seed is made available by the WHO
- Seasonal influenza vaccine production continues

GSK is committed to supporting governments and health authorities around the world to respond to the emergence of the new A (H1N1) influenza strain.

Since the outbreak, the company has been in continuous discussions with governments and public health authorities, including the WHO, the US Centers for Disease Control and Prevention, the US Department of Health and Human Services and the European Centre for Disease Prevention and Control to help develop appropriate options to respond to the emergence of the new A (H1N1) influenza strain.

A (H1N1) influenza candidate adjuvanted vaccine

GSK expects to manufacture a candidate A (H1N1) adjuvanted influenza vaccine once virus seed is made available by the WHO. The first doses of the vaccine are expected to be available four to six months later, subject to regulatory approval.

- The vaccine will comprise antigen of the recently isolated A (H1N1) influenza strain and also contain GSK's proprietary adjuvant system AS03. An adjuvant system can be added to the antigen at time of administration. In clinical studies using the H5N1 influenza strain, an adjuvanted formulation has been shown to stimulate a higher immune response while using a smaller amount of antigen as compared to a formulation without adjuvant. The adjuvant system therefore helps to increase the number of vaccine doses that can be produced.[1] In addition, in clinical studies with the H5N1 influenza strain, the adjuvanted vaccine demonstrated the potential to provide protection even if the influenza strain drifts (changes slightly).[2,3]
- The new candidate vaccine will require regulatory approval. In 2008, GSK received a European licence fora pandemic vaccine based on a ‘mock-up’ dossier. This approval, which was based on data involving the H5N1 influenza strain, is expected to enable faster registration of this new A (H1N1) influenza vaccine and is currently being discussed with European regulatory authorities.
- To date, GSK has received interest from several governments aiming to stockpile the new candidate adjuvanted vaccine as a precautionary measure.

These include:

- Supplying the UK Government with 60 million doses of the candidate A (H1N1) adjuvanted influenza vaccine.
- The French Government intend to purchase 50 million doses of the candidate A (H1N1) influenza vaccine.

- The Government of Belgium intend to purchase 12.6 million doses of the candidate A (H1N1) influenza vaccine in order to stockpile and to protect, when needed, the total Belgian population.
- An agreement with the Government of Finland to supply 5.3 million doses of H1N1 antigen, which is expected to be used in conjunction with the government's existing stockpile of GSK's adjuvant system.

- GSK has made substantial investments to expand capacity for its adjuvant system. As part of the company's commitment to maximising global manufacturing capacity of a pandemic vaccine, GSK is ready to engage in discussions with companies and governmental agencies that can combine the adjuvant system with alternatively sourced antigen.
- GSK is committed to addressing the needs of developing countries with use of this candidate adjuvanted vaccine. GSK will convert its intended donation to the WHO of 50 million doses of H5N1 pre-pandemic vaccine to the new candidate A (H1N1) adjuvanted influenza vaccine once production begins.
- In the future, as capacity increases, GSK will supply the candidate A (H1N1) adjuvantedinfluenza vaccine to developing countries under a tiered-pricing policy based on World Bank classifications and GAVI eligibility.

Seasonal influenza vaccine

GSK will continue to produce its seasonal influenza vaccine for the 2009/2010 Northern Hemisphere influenza season as planned and expects to complete production of this vaccine by the end of July. The company also continues to supply seasonal vaccine for use in the Southern Hemisphere as it enters the winter season this year.

GlaxoSmithKline – one of the world's leading research-based pharmaceutical and healthcare companies – is committed to improving the quality of human life by enabling people to do more, feel better and live longer. For further information please visit www.gsk.com

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Relenza and Diskhaler are trademarks of GlaxoSmithKline

Notes to Editors

- Adjuvants, from the Latin word adjuvare meaning 'to help', are compounds used to enhance a vaccine's ability to elicit a strong, durable, protective immune response making them more effective. Until recently, vaccine research and development focused nearly exclusively on the antigen, the target molecule that is selected to trigger a specific immune response in the body to protect against a particular disease. It is now widely accepted that adjuvants can also contribute substantially to the immune response induced by a vaccine.

- GSK is continuing discussions with other governments and public health authorities to increase production and supply of its anti-viral medication, *Relenza*. *Relenza* can both treat influenza (flu, infection caused by influenza virus) and reduce the chance of getting flu in the community and household settings. The flu is a highly contagious and potentially fatal disease caused by influenza types A and B. While some antiviral medications only protect against influenza A, *Relenza* is effective against both influenza A and B. *Relenza* is approved for the prophylaxis and treatment of influenza in children and adults.

- *Relenza* is an inhaled medicine delivered as a dry powder through a device called a *Diskhaler* to the surface of the upper respiratory tract, and may shorten the amount of time a person is sick if used within two days of onset of illness. *Relenza* belongs to a group of medicines called neuraminidase inhibitors. These medications attack the influenza virus itself – not just the symptoms – and prevent it from spreading inside your body.

интерфакс

Готовы противостоять

Interfax, 16 мая 2009, 13:17
https://www.interfax.ru/80029

Москва. 16 мая. *Interfax.ru* – Президент РФ Дмитрий Медведев заявил, что российские санитарные службы контролируют ситуацию со "свиным" гриппом, а национальная вакцина против гриппа A/H1N1 появится в ближайшее время.

"Что касается текущей ситуации, то в целом наша страна обладает необходимым запасом препаратов. Если мы сможем наладить производство новой вакцины, значит, мы будем полностью гарантированы", - сказал Медведев в беседе с ведущим программы "Вести в субботу с Сергеем Брилевым" телеканала "Россия".

"В целом ситуация находится под контролем. И я считаю, что мы готовы к тому, чтобы противостоять и этому штамму гриппа", - сказал президент.

О российской вакцине против "свиного" гриппа Медведев сказал: "В целом эта проблема вполне решаемая. Нужно только внимательным образом заниматься собственно исследованиями, создавать моновакцину, а сейчас этим занимается весь мир. Я думаю, что она появится в ближайшее время".

Говоря о санитарных мерах, принятых в российских аэропортах в отношении рейсов из Северной и Южной Америки, президент высказал мнение, что "это как раз пример того, как наша медицина и наши санитарно-эпидемиологические службы могут эффективно работать".

"В этом случае этот пример явно в нашу пользу, потому что на въезде осуществляется контроль. И с этим связана достаточно спокойная ситуация, которая в настоящий момент по этому штамму гриппа существует в нашей стране", - заявил президент.

В нескольких российских научных центрах в настоящее время идет разработка вакцины против гриппа A/H1N1 на основе штаммов, полученных от американских специалистов. Российские медики рассчитывают получить вакцину от опасного гриппа, который распространился из Мексики, в течение нескольких месяцев.

Между тем, как заявил главный государственный санитарный врач РФ Геннадий Онищенко, опасный грипп A/H1N1, также известный как свиной грипп, пока нельзя считать пандемическим. "В настоящее время считать вирус A/H1N1 пандемическим штаммом преждевременно", - сказал "Интерфаксу" в пятницу руководитель Роспотребнадзора. "Все будет зависеть от дальнейшего генетического дрейфа вируса", - сказал Онищенко.

"Сейчас у вируса пока недостаточные свойства трансмиссибильности (передачи от человека к человеку. - "ИФ"). Если они изменятся, то мы можем получить пандемический штамм", - сказал он. По данным Всемирной организации здравоохранения на 14 мая, случаи заболевания вирусом гриппа A/H1N1 зарегистрированы в 33-х странах мира.

По последним подсчетам Всемирной организации здравоохранения, основанным на данных, поступивших к утру пятницы, вирус A/H1N1 был обнаружен в 34 странах у 7520 человек, причем 65 из них умерли. В четверг сообщалось о 6497 случаях заражения.

В Мексике насчитывается 2446 случаев заражения, причем 60 пациентов умерли. В США сообщают о 4298 заболевших, трое из них скончались. Еще 449 случаев заражения (один из них - с летальным исходом) выявлены в Канаде. Власти Коста-Рики сообщают о восьми случаях заражения, один из пациентов умер.

В остальных странах, пораженных заболеванием, смертельных случаев не зафиксировано. В Испании насчитывается 100 случаев заболевания, в Великобритании - 71, в Панаме - 40, во Франции - 14, в Германии – 12. Помощник генерального директора ВОЗ Кэйдзи Фукуда, со своей стороны, отметил, что ожидает продолжения распространения вируса.

NEWS

WHO: Swine flu epidemic in 'grace period'

Various countries urged the World Health Organization to be cautious about declaring the arrival of a swine flu pandemic, fearing it could cause worldwide panic, confusion.

NBC News, 18 May 2009, 1:48 AM +08
https://www.nbcnews.com/id/wbna30794194

China, Britain, Japan and other countries urged the World Health Organization on Monday to be very cautious about declaring the arrival of a swine flu pandemic, fearing that a premature announcement could cause worldwide panic and confusion. WHO bent to their wishes.

As the agency opened its annual meeting, WHO Director-General Dr. Margaret Chan said she had listened carefully to the concerns of member states and would follow their instructions.

The new swine flu virus continues to spread rapidly, but the world is still short of facing a pandemic, Chan said, keeping the alert level at the currently phase 5 out of a possible 6, indicating a global outbreak is likely.

"This virus may have given us a grace period, but we do not know how long this grace period will last," Chan said. "No one can say whether this is just the calm before the storm."

At phase 6, the world has a swine flu pandemic – meaning there is an epidemic in at least two world regions.

Countries want WHO to change standards

Health experts from dozens of countries urged WHO to change its standards for declaring a pandemic, saying it should take into account whether the virus was causing severe or mild illness, not just how quickly it was spreading.

"We need to give you and your team more flexibility as to whether we move to phase 6," said British Health Secretary Alan Johnson.

Chan repeated her warning that the virus could pose a grave threat to humans, even though only 76 out of 8,829 cases have proven fatal.

"A new influenza virus with great pandemic potential, the new influenza A (H1N1) strain, has emerged," she said.

Most deaths have occurred in Mexico, but there is global unease that the virus seems to be spreading easily from person to person and rapidly from country to country.

"We expect this pattern to continue," Chan said, adding it was unclear whether or when the world moves to the highest flu alert.

At least 40 countries now have confirmed cases – and the number of swine flu infections in Japan rose from four on Friday to over 130 on Monday.

Chan said the virus has now spread to the Southern Hemisphere after breaking out in North America, and there was a risk it can combine with other flu strains circulating now among humans south of the equator.

Another concern is that swine flu might combine with the bird flu virus that has been circulating for several years, she said. Bird flu is much more deadly but less easily transmitted among humans than the swine flu virus.

She said WHO had not yet given manufacturers the signal to produce a specific swine flu vaccine for the new flu strain, but said it was essential that countries be very careful with their medical resources. Chan and U.N. Secretary-General Ban Ki-moon meet top pharmaceutical executives on Tuesday to discuss their ability to make vaccines to fight the H1N1 strain.

"Manufacturing capacity for antiviral drugs and influenza vaccines is finite and insufficient for a world with 6.8 billion inhabitants," Chan said. "It is absolutely essential that countries do not squander these precious resources through poorly targeted measures."

About 20 companies worldwide including Sanofi-Aventis, Novartis and Baxter International currently produce flu vaccines. Making a pandemic jab could require them to cut production of vaccines for seasonal flu, which kills between 250,000 and 500,000 people a year.

EUROPEAN JOURNAL OF
PUBLIC HEALTH

Jan Van den Bulck, Kathleen Custers

Television exposure is related to fear of avian flu, an Ecological Study across 23 member states of the European Union

European Journal of Public Health, 18 May 2009, 19(4): 370–374 (2009 August)
https://doi.org/10.1093/eurpub/ckp061

Abstract

Background: A pandemic outbreak of H5N1 avian influenza is believed to coincide with large-scale panic. Even without an outbreak fear of infection may be widespread. Mass media coverage of the risks of a pandemic may lead to higher levels of fear.

Methods: An ecological study looked at data from 23 member states of the European Union and controlled for population size, level of education, age distribution and income and wealth.

Results: When the findings for Cyprus were excluded each additional hour of average TV viewing was associated with a 15.6% increase in the proportion of people worrying about the virus. TV viewing explained 52% of the variance.

Conclusion: Fear of a pandemic precedes any real pandemic and may have to be dealt with separately. Exposure to television is highly associated with worrying about the virus. This relationship merits further study.

...

Discussion

Our ecological analysis suggested that higher levels of television exposure coincided with higher levels of anxiety concerning viruses such as H5N1. Research on media exposure shows that it is virtually impossible for television viewers to avoid watching news programmes.16 News on the many risks associated with avian flu became ‘endemic’ in 2004. It is therefore safe to assume that exposure to television in 2004 and 2005 included exposure to news about the risks of a ‘bird flu’ pandemic. Other research has shown that news exposure can lead to increased anxiety about risks.[10,11] The current study therefore suggests that exposure to television news could be attributing to a ‘pandemic of fear’ even though no actual pandemic of avian influenza has yet materialized.

It has been argued that getting ready for a possible pandemic should not only include preparing for the medical emergencies associated with a large scale outbreak, but should also take into account that wide scale social chaos and panic needs to be fought at the same time.[2] The WHO has developed guidelines on ‘outbreak communication’.[23] This view correctly makes a distinction between the ‘bio-demographic burden’ (the pandemic) and the ‘psychological impact’ (the fear of a pandemic).[24] Most disaster planning, however, fails to recognize that the risk of infection and the perception of risk are two different things and may therefore evolve separately. Fear may be widespread even when the virus poses no threat.[25] While good disaster preparedness generally includes crisis communication plans, risk communication may also be needed when no pandemic is apparent.[26] This is a situation in which often no health officials or government communication experts will have been assigned to deal with the communication needs of the population and the media. The media play a particular role in this process. It has been suggested that inaccurate or sensational media reporting is what causes the division between actual risk and the perception of risk.[25] The current study supports the hypothesis that media exposure may contribute to a feeling of fear regardless of the presence of an actual threat. Dealing with media portrayals of risk is, however, a difficult issue. It has been remarked that risk communication suffers from a fundamental paradox: it needs to be able to raise the alarm while reducing fear

at the same time.[27] In many media systems the media are free to report on what they feel is important. More importantly, however, risk and crisis communication rely on a good relationship and trust between crisis communicators and the media.[26] Attempting to restrict or regulate how the news media deal with epidemics might therefore not be advisable. The 'psychological impact' of an outbreak should probably be treated as real regardless of the question whether there is an actual 'bio-demographic burden' or not. Finally, since perceptions of risk and fear of infection determine behavioural responses[28] monitoring media coverage of avian influenza risks may offer an early warning of changing health consumption patterns.

This study had obvious limitations. First, ecological studies run well documented risks. The relationships may be the result of the 'ecological fallacy' and important confounders may not have been identified. Nevertheless, schooling levels and personal income, two important confounders in many public health studies and population size and age distribution, two potentially important confounders in ecological studies, did not explain the relationship we found between TV viewing and fear of dangerous viruses. Some authors even warn against dismissing ecological data too readily (creating an 'individualistic fallacy').[12] The data used in this study show considerable variation in both the exposure and the outcome variable and no other studies on the fear of viruses such as H5N1 appear to exist. A second limitation might be that the populations under study may vary demographically and this variation may explain differences, although differences in age distribution did not explain variations in either TV viewing or worries about viruses. Third, while the data were group level data they were gathered using traditional survey methods. TV viewing behaviours were measured fairly reliably, using electronic devices registering the television viewing behaviours of nationally representative samples, but anxiety was measured using self reports. Finally, we are assuming that those who watch a lot of TV also watch a lot of news. Few people avoid the news on TV (either willingly or by accident)[16] and research on TV viewing behaviour shows that heavy TV viewers watch a lot of everything.[29] Their selectivity in deciding what to watch is remarkably limited. TV news being among the most popular programmes in many countries this article assumes that heavier levels of viewing include more exposure to news.

Cyprus appeared to be an outlier compared with the rest of the countries included in this study. There may be several explanations for Cyprus' results. First, it may be a result of random variation, especially in a country with a small population. Second, either the TV volume or the fear variable may have been measured badly in this particular country. Neither Eurostat (which measured fear) nor the European audiovisual observatory (which collected viewer rates) reported any special observations regarding measurement issues in Cyprus. Third, viewing rates may have been unusually low in Cyprus. The country report for Cyprus in the same volume of the European audiovisual observatory's yearbook did not show any unusual features of Cyprus' television landscape. Neither were the viewing rates we used in our analysis a deviation from the trend of previous years. Finally, the fear of a pandemic may have been unusually high in Cyprus in the period in which the data were gathered (September through October 2005). The overview of press releases from the Cyprus News Agency for that period shows several messages from government ministers trying to reassure the population regarding the 'bird flu' issue. Minister of Agriculture, Natural Resources and Environment Timmy Efthymiou was quoted on the 19th of October as suggesting that Cyprus was at a much higher risk of an outbreak compared with other EU countries because the island is a much used resting place for migrating birds.[30] It would therefore appear that levels of fear may have been higher than average in Cyprus at the time.

Further research into the hypothesized relationship between exposure to news and fear of avian influenza could look in two directions. Experiments should examine whether people's fear levels increase after exposure to various types of news stories regarding a pandemic or a risk of infection. Second, field studies may be conducted by examining past or future cases of extensive media attention to avian influenza and measuring whether visits to family physicians or emergency rooms with real or imagined flu-like symptoms increased or whether there was any evidence of subsequent surges in the sale of antiviral drugs.

Conclusion

In conclusion, this study found a strong relationship at the ecological level between levels of television viewing and anxiety about new viruses such as avian influenza. Half of the variation in the data was predicted by the television viewing variable. Where people are exposed to a lot of television, higher levels of anxiety about new viruses such as avian influenza exist. This suggests that preparation for a pandemic should (i) include dealing with people's fears and (ii) doing so even if no outbreak has yet occurred.

m.reporternews.com

Frank Jordans

Nations urge WHO to change pandemic definition

Associated Press, 18 May 2009
https://web.archive.org/web/20100131155631/http://m.reporternews.com/news/2009/May/18/nations-urge-who-to-change-pandemic-definition/

Geneva – Britain, Japan and other nations urged the World Health Organization today to change the way it decides to declare a pandemic – saying the agency must consider how deadly the virus is, not just how fast it is spreading.

The debate arose as WHO began its annual meeting, a five-day event attended by hundreds of health experts from the agency's 193 member nations. Swine flu is expected to dominate this year's conference – and WHO must consider whether it should raise its alert level or tell manufacturers to begin making a specific swine flu vaccine.

WHO's current system focuses on how widespread the disease has become without regard to its severity. Some member nations are anxious to avoid having the agency declare a swine flu pandemic because the ramifications of that scientific decision could be very costly and politically charged.

"We need to give you and your team more flexibility as to whether we move to phase 6," British Health Secretary Alan Johnson said.

Japan also called for changes in WHO's system, which would move to pandemic if the virus starts to be transmitted among people outside schools, hospitals and other institutions where viruses typically pass quickly.

Health experts were examining new cases in Spain, Britain and especially Japan, where more than 130 people, the vast majority of them teenagers, have been infected, prompting the government to close 2,000 schools and cancel public events. A good number of the new cases were transmitted in-country, infecting people who had not traveled overseas recently.

WHO says transmission rates in countries outside the Americas is the key factor in whether the agency should raise its pandemic alert scale to the highest level. Right now it is at phase 5 – out of a possible 6 – meaning a global outbreak is "imminent."

Dr. Richard Besser, acting director of the U.S. Centers for Disease Control and Prevention, told the WHO meeting that the outbreak is "not winding down" in the United States and "widespread transmission" continues. He also said the epidemic also was not over in Mexico.

Speaking a day after New York school assistant principal Mitchell Wiener died of swine flu, Besser said the world needed to maintain vigilance against the virus.

Dr. Margaret Chan, WHO director-general, said scientists were working to provide as much detail about the disease as possible.

"What we need now most of all is information," Chan said. "We must guard against complacency."

But WHO officials did not appear to welcome the concept of a universal severity measure.

"Severity and the broader impact on society is something that we really can't set globally, because of the unique conditions in every community," WHO spokesman Dick Thompson told The Associated Press. "Severity is going to be different in different countries. And within a country, it will be different in different populations."

As of today, the swine flu virus has sickened at least 8,829 people in 40 countries, including 76 deaths. Chile on Sunday became the latest country to confirm a case of swine flu.

"It's worthwhile of WHO to consider severity," John Oxford, flu expert and professor of virology at St. Bart's and Royal London Hospital, told the Associated Press. "This is a unique opportunity with all those nations to actually come forward with some ideas and talk about it."

World Health Organization

Recommendations of the Strategic Advisory Group of Experts (SAGE) on Influenza A (H1N1) vaccines

Geneva, WHO, 19 May 2009

https://www.who.int/publications/m/item/recommendations-of-sage-on-h1n1-vaccines

The Working Group met by telephone conference on **14 May 2009** to:

1. Review current evidence on influenza A (H1N1) and potential vaccine options,
2. Review the current status of seasonal vaccine production and potential A (H1N1) production capacity, and
3. Discuss timing of a potential recommendation to initiate commercial scale production of A (H1N1) vaccine.

The Working Group was updated on:

- The epidemiology of influenza A (H1N1) infections and associated disease burden;
- The vaccine production capacity for both seasonal and A (H1N1) vaccines based on information provided by vaccine manufacturers;
- Issues related to vaccine efficacy, safety and regulation;
- Programmatic issues.

In its discussions, the group benefited from the input of more than 40 stakeholders through a virtual conference.

Current epidemiological information suggests that the influenza A (H1N1) virus transmissibility potential is at least comparable to that of seasonal influenza viruses, with ability to sustain community spread. There is therefore no reason to expect that ongoing spread of the virus will stop. Although the observed clinical disease severity has so far been mild in most infected persons, there remain critical gaps of knowledge, such as age - related severity, specific risk factors for severe disease, and potential differences in severity in different countries and particularly in developing countries. Currently the influenza A (H1N1) virus is sensitive to oseltamivir and zanamivir and resistant to adamantanes.

A review of 2009 production status for northern hemisphere seasonal vaccine indicates that industry plans to produce approximately 480 million doses of trivalent seasonal vaccine in 2009. Of this, 350 and 430 million doses will be available by 30 June and 31 July 2009, respectively. For influenza A (H1N1), it is estimated that up to 4.9 billion doses could be produced over a 12-month period after the initiation of full-scale production if:

1. There is a vaccine yield equivalent to that routinely obtained for seasonal vaccine and
2. There is use of the most dose-sparing formulations.

In this situation, there is a potential access for the UN of supplies of up to 400 million doses.

Currently available data indicate that sera of individuals vaccinated with 07/08 or 08/09 seasonal influenza vaccines do not neutralize the currently circulating influenza A (H1N1) virus. This observation also holds true for sera of individuals vaccinated with adjuvanted seasonal vaccines. This indicates that immunization with recent or shortly to be available trivalent seasonal vaccine is unlikely to provide public health benefits in terms of protection against influenza A (H1N1).

Immunogenicity data for potential pandemic vaccines have already been generated using various vaccine formulations containing H5N1 antigen. However, the optimal antigen content, the required number of doses, the required intervals between doses and the interchangeability of different products is currently unknown for influenza A (H1N1) vaccines. Likewise, the safety profile

(including the risk of Guillain-Barré syndrome (GBS)) of A (H1N1) vaccines is not yet established, making pre- and post-marketing surveillance imperative. It was noted that it might be difficult to distinguish true vaccine failures from infections with seasonal influenza during a pandemic period.

Before a pandemic vaccine is available, it will be important to establish baseline rates of GBS in different populations so that potential changes in the incidence of GBS associated with influenza A (H1N1) virus circulation and potentially with A (H1N1) vaccines can be detected. This should be a priority in any regions where there is continuing transmission of influenza A (H1N1) in the coming months. In particular, the AFP (Acute flaccid paralysis) surveillance network in the WHO region of the Americas (PAHO) can be used to advantage to collect data.

The Working Group took note that two doses of vaccine may be needed to induce adequate protection, as the global population is immunologically naïve to the new virus. Older adults were shown to possess serum neutralizing antibodies to the new virus, most likely due to cross-immunity with human H1N1 viruses. The combination of A (H1N1) vaccine with trivalent seasonal vaccine would have significant regulatory implications. Therefore, production of a monovalent A (H1N1) vaccine to be used in addition to trivalent seasonal vaccine is the preferred option at this stage.

...

After considering the following issues:

1. the need for any recommendation to balance both risks and benefits,
2. the current uncertainty about the severity of influenza A (H1N1) illness,
3. the readiness of vaccine seed strains and reagents for large-scale vaccine production,
4. the current status of production of seasonal vaccine for the Northern hemisphere, and the risks associated with a premature cessation of seasonal vaccine production,

The Working Group considered it premature to recommend that commercial - scale production of influenza A (H1N1) vaccine should start immediately.

The Working Group did make the following recommendations for immediate action:

(i) The WHO Secretariat, in close coordination with its Collaborating Centers and the Essential Regulatory Laboratories of the WHO Global Influenza Surveillance Network, should recommend which vaccine viruses should be used for vaccine development as soon as possible

(ii) Essential reagents to calibrate antigenic content should be made available as a priority

(iii) The WHO Secretariat is encouraged to collaborate actively with its Collaborating Centres, Essential Regulatory Laboratories, and with industry, to assess the growth property of vaccine viruses and identify those with best growth potential, in order to maximize output of vaccine.

(iv) Manufacturers are urged to develop clinical trial batches and accelerate initiation of clinical trials of influenza A (H1N1) vaccines and to start preparing for a potential future recommendation to move to commercial - scale production.

(v) The above activities should not interfere with the present production of the Northern hemisphere seasonal vaccines.

(vi) The number of needed doses of A (H1N1) vaccine will depend on the spread of influenza A (H1N1) virus in the next few weeks and on a better definition of the groups to be targeted.

(vii) An evidence - based recommendation for the groups to be targeted for vaccination still requires more data.

Finally, the **Working Group** stressed the fact that **clear communications are needed from WHO** that declaration of Phase 6 does not automatically mean that WHO is recommending that manufacturers should switch from seasonal to influenza A (H1N1) vaccine production. Likewise, it is important to be clear that a potential recommendation to start production is not considered as a recommendation to start immunizing large population groups

...

World Health Organization

Summary report of a High-Level Consultation: new influenza A (H1N1)

Geneva, WHO, 18 May 2009

WHO, Information Note/2009/2; 20 May 2009
https://reliefweb.int/report/world/summary-report-high-level-consultation-new-influenza-h1n1

Introduction

1. In view of the threat posed by the current outbreak of new influenza A (H1N1), the Director-General of the World Health Organization convened a High-Level Consultation for all Member States at the start of the Sixty-second World Health Assembly.

2. The consultation provided an opportunity for Member States to share experiences, to discuss lessons learnt, and to highlight the challenges that now confront the world community. The list of main speakers and programme is given in the Annex.

Current epidemiological situation

3. As at 18 May 2009, 40 countries have officially reported 8829 laboratory-confirmed cases of new influenza A (H1N1) infection.

4. Countries reporting the largest number of confirmed cases include: the United States of America (4714), Mexico (3103), Canada (496), Japan (125), Spain (103) and the United Kingdom of Great Britain and Northern Ireland (101). Together these six countries account for 97.9% of the total number of confirmed cases.

5. A total of 74 new influenza A (H1N1) infection-related deaths have been reported from four countries: Mexico (68), United States of America (4), Canada (1) and Costa Rica (1). The majority of deaths have occurred in persons below 60 years of age.

6. The virus is transmitted sufficiently easily from person-to-person to sustain institutional and community outbreaks and to spread regionally.

7. Most cases of new influenza A (H1N1) infection seem to be mild and self-limited and do not require admission to hospital. However, severe illness and death have been reported in a small proportion of cases.

8. In seasonal influenza, the overwhelming majority of severe morbidity and mortality occur in persons of 65 years of age or more. However, with new influenza A (H1N1), a substantial proportion of the cases of severe illness and death has occurred among young and previously healthy adults.

9. In addition, severe illness and deaths have also been reported in adults with underlying medical conditions including: chronic lung or cardiovascular disease, diabetes, immunodeficiencies and obesity. Moreover, pregnant women may be at increased risk of complications from new influenza A (H1N1).

Key Uncertainties

10. The only thing certain about influenza viruses is that nothing is certain.

11. It remains uncertain how fast the new influenza A (H1N1) virus will spread throughout the world and whether it will become widely established.

12. It remains uncertain whether the infectivity and virulence of the new influenza A (H1N1) virus will change over time.

13. To date, most infections of new influenza A (H1N1) have occurred in the northern hemisphere. There is concern that the spread of the virus to the southern hemisphere could have different and perhaps more severe effects than seen in the northern hemisphere, particularly since the populations in the southern hemisphere are generally more vulnerable. These groups are younger and often live in crowded urban settings.

Lessons Learnt

14. *Being prepared has made a vital difference:* Investment in developing national and regional pandemic preparedness plans over the past five years has paid major dividends. People and institutions know what to do and have been ready to work with each other. Even where the recent outbreak has revealed weaknesses in planning, there is now an opportunity for these to be remedied.

15. *The International Health Regulations (2005) have been tested for the first time in a public health emergency affecting multiple countries* and the experience has shown that Member States are prepared to meet their 2005 commitments. The importance of transparency, rapid information sharing, collaboration between and within countries were key themes in many presentations.

16. *Success depends on a multi-stakeholder approach:* Many preparedness plans emphasize a whole of government approach. Recent experience from the countries currently most affected shows the value of including others (for instance international agencies and neighbouring countries) in what are otherwise exclusively national discussions. Communication with the pharmaceutical and vaccine industry and with experts from other relevant fields started immediately and continues. No one organization can succeed alone – harnessing the energies of the private and voluntary sector is essential. A successful response is one that engages a well-informed public as active partners in the ongoing response.

17. *Effective communication is paramount.* Real-time exchange of information has been a key feature of the response so far. The short time that elapsed between first reports of the outbreak, diagnosis and international action illustrates this. Communication with the general public is equally important, balancing the need to make people aware of risk without causing panic, and, on the other hand, avoiding complacency. This is a particular concern given the uncertainty inherent in how the new influenza A (H1N1) virus will evolve. Evaluating the effectiveness of communications (levels of public awareness, degree of concern) is a key element of the strategy.

18. *Science-based approaches remain the bedrock of the response:* The outbreak is at different stages in different countries and continents. In some circumstances a policy of aggressive containment appears to have limited the spread of infection, and has bought time for more extensive preparation. In others, containment is no longer feasible and mitigation of impact is the logical approach. In either case, and in deciding on how and when to move from a policy of containment to mitigation, the vital factor is having good data for decision-making. Participants strongly reaffirmed the need for policy – in relation to the disease itself and to any restrictions imposed on the movement of people or consumption of goods – to be based on scientific evidence.

19. *Health systems matter:* Many of the countries that have been affected to date stressed the importance of universal access to health care, and the need for strong primary health care. The health system is vital at all stages in the response to the pandemic: from detection and confirmation of cases to providing care, treatment and advice to those affected. Ensuring continuity of health care services is a key part of preparedness planning. This may include plans for how those affected can access treatment – by phone, Internet, or through community health care workers – without having to attend health-care facilities themselves.

Challenges

20. Participants stressed that the response had shown many of the most positive aspects of collaboration, for example citing it as "living proof of the value of international cooperation". They also pointed to the benefits that had accrued from unequivocal leadership. At the same time, they pointed to many challenges that will have to be faced in the future, most particularly if a second wave of transmission causes more serious illness. Some of the challenges are technical, others more of a political and institutional nature.

21. Seasonal and new influenza A (H1N1) vaccines: Given the number of deaths still caused by seasonal influenza; the time and uncertainty involved in developing new vaccines specific to the new influenza A (H1N1) virus; and the manufacturing capacity required to meet new demands; there will be a series of difficult decisions that have to be taken in coming weeks and months. WHO is already engaged with the vaccine manufacturers and these issues will be further debated at the Sixty-second World Health Assembly.

22. From containment to mitigation: Several countries appear to have limited the spread of the virus. They recognize, however, that the sustainability of containment strategies may be limited. They will seek advice and guidance on the point at which it is most appropriate to modify their approach.

23. Guarding against complacency: In current circumstances dropping the world's collective guard is a major risk. To date, most of the new influenza A (H1N1) cases have been mild, but this situation might change, possibly rapidly. Expecting the unexpected will be essential; keeping the public appropriately engaged will be a considerable challenge in many countries.

24. Maintaining surge capacity and institutional coordination: Particularly for small countries, ensuring an adequate response in terms of the human resources needed to manage the surge capacity and institutional coordination will be also a challenge. In addition, while the immediate response has shown the power of intra- and intergovernmental coordination, sustaining that effort over the long term will not be easy, in both countries and international organizations.

25. Sustaining solidarity: Several participants pointed to the fact that this disease has first affected countries best able to cope with its consequences. In addition, some of these countries have not only devoted significant resources to dealing with the outbreak within their own borders, but have also provided material and financial support to others. Many countries are not in such a good position to confront a potential pandemic, either in terms of their preparedness plans, their capacity to access medicines and vaccines, or the strength of their health systems. The fact that some countries are better able to cope than others poses an immediate challenge to global solidarity. Should a more virulent second wave of the disease occur, the challenge of sustaining solidarity will inevitably become more acute.

26. Protecting lives, restoring livelihoods: Recent outbreaks have amply demonstrated that epidemics have both human and economic costs. This is due both to the impact of the disease itself, Information note/2009/26 and also due to measures taken to control its spread. The response to the new influenza A (H1N1) virus needs to acknowledge the potential economic impact on individuals, communities and countries from the outset.

Concluding Themes

The overriding objective is to mitigate the adverse impact of the new influenza A (H1N1) on the health of people and populations.

Facilitating a global response

27. Member States agree to work with the Secretariat to assure ongoing, rapid dissemination of epidemiological information and technical guidance based on scientific evidence concerning the current situation. Monitoring and tracking the global spread and impact of the new influenza A (H1N1) virus is being strengthened. This will support better understanding of the virus's epidemiology, its virological characteristics, diagnosis, clinical management, outbreak control and strategies, etc.

28. Through its convening power, the Secretariat will continue to facilitate a multilateral and multisectoral response and maximize collaboration between partners.

29. In addition it is providing ongoing technical assistance to countries for epidemic preparedness and response, with a focus on the most vulnerable countries.

Ensuring equity in access to medicines and vaccines

30. Given the potential impact of pandemic influenza on populations in low-income countries, where other medical conditions are widespread, concern remains about access to antiviral medicines and vaccines.

31. The Secretariat has dispatched antiviral medicines from its emergency stockpile to 72 countries so as to accelerate their availability where they are most needed.

32. WHO collaborating centres are developing seed stocks of virus for vaccine production. Close links are being maintained with the pharmaceutical industry and potential financiers to ensure an adequate global manufacturing capacity, and funding for production and distribution of new influenza A (H1N1) vaccine and other relevant medicines.

Building public health capacity

33. Building institutional and technical capacity in low-income countries, especially in laboratory services, is needed if the world is to mount an effective response. Securing finance for building this capacity – as a key element of health systems strengthening – will be essential.

Moving from Phase 5 to Phase 6

34. The current process is based purely on geographical spread and not on severity of disease. Several Member States spoke in favour of giving the Director-General greater flexibility in the progression between different phases.

ANNEX

High-level consultation on new influenza A (H1N1)

12:00–14:00 18 MAY 2009;
Salle 17, Palais Des Nations, Geneva

Introduction
Margaret Chan, Director-General, WHO

Overview of the current epidemiological situation
Keiji Fukuda, Assistant Director-General *ad interim*, Health Security and Environment

Report from the Emergency Committee
John S Mackenzie, Chair

Country reports
Mexico: Jose Angel Cordova Villalobos, Secretary of Health; Arturo Cervantes, Director General of Prevention of Accidents Programme;
United States of America: Kathleen Sebelius, Secretary of Health and Human Services; Richard Besser, acting Director, Centers for Disease Control and Prevention
Canada: Leona Aglukkaq, Minister of Health; John Spika, Senior Medical Adviser, Public Health Agency of Canada

General discussion
Country experience and questions from Member States
Closing comments from the Panel
Conclusions - Margaret Chan, Director-General, WHO

REUTERS

Katie Reid, Laura MacInnis

WHO sees 4.9 billion pandemic flu shots in best-case

Reuters, 19 May 2009, 7:39 P.M.
https://www.reuters.com/article/us-flu-who-idUSTRE54H1XO20090519

Geneva (Reuters) – Vaccine makers could produce 4.9 billion pandemic flu shots per year in the best-case scenario, the head of the World Health Organization said on Tuesday, as rich and poor countries grappled over limited supplies.

WHO Director-General Margaret Chan told reporters after her meeting with 30 pharmaceutical companies that "there are a lot of unanswered questions" about how many vaccines could be made to protect vulnerable people from the new H1N1 virus.

"That is a very optimistic maximum capacity," she said of the 4.9 billion estimate, which would be significantly lower if people need more than one injection to gain immunity against the strain or if seasonal flu vaccine-making continues.

Bringing a new pandemic vaccine to market – if it goes ahead – is expected to take 4-6 months, according to the WHO. It must be tested first on ferrets and then on humans in clinical trials before regulatory authorities can approve it.

U.N. Secretary-General Ban Ki-moon told the news briefing that while the newly-discovered virus strain now appears mild, it needs to be closely watched as it spreads around the world and starts to afflict impoverished countries.

"We may be in a grace period with H1N1 but we are still in the danger zone," Ban said.

Earlier on Tuesday, the United Nations chief said it was essential for drugmakers to work with governments to avert the worst potential impacts of the flu, which has killed 79 people and infected nearly 10,000.

"Partnerships with the private sector are absolutely vital," he told representatives of the WHO's 193 member governments gathered in Geneva, urging them to think beyond their borders in their response to the H1N1 strain.

Though most people infected so far have experienced mild symptoms similar to the common flu, pregnant women and people with HIV/AIDS, diabetes and other health problems appear to be vulnerable to more severe effects like pneumonia.

Health experts have said weather could affect the continued spread of the virus, with more cases expected as countries in the southern hemisphere move into winter. Flu viruses typically thrive in cold and dry environments.

Ready to Produce

Pharmaceutical executives taking part in Tuesday's vaccines meeting at the WHO's Geneva headquarters said they were primed to ramp up production of H1N1 vaccines if needed, and would await more directions about how to balance their output.

"Our companies stand ready to produce H1N1 vaccines when the recommendation comes from the WHO," the International Federation of Pharmaceutical Manufacturers and Associations said.

Six companies have pledged to make 10 percent of the vaccine they produce available for distribution to poor countries, and eight are in talks about donations, said Gelmer Leibbrandt, general manager of Schering-Plough's Nobilon.

Chan said that vaccine makers have shown "a very serious commitment" to help the international community prepare for a pandemic of flu, which could be mild in its effects to start and become more severe as it circles the globe.

Questions remain about whether an H1N1-only vaccine is needed in the near-term – especially if its production cuts the world's supply of injections for seasonal flu, which kills up to 500,000 people a year and causes severe illness in millions.

U.S. Health and Human Services Secretary Kathleen Sebelius said pharmaceutical companies should ramp up their production of seasonal flu shots and then later switch to pandemic injection making "if that is necessary."

"There is still so much uncertainty about this virus that it is really premature for us to even make a determination about how many people would appropriately be vaccinated, in what order, how many doses will be required, at what point. All those discussions are still very much underway," Sebelius said.

Ban, in his remarks to the World Health Assembly, called on wealthy nations to help support poorer states fight the flu.

But one international official said he expected battles ahead as governments try to secure finite supplies of antiviral drugs and vaccines to protect their populations.

"Enabling poor countries to be able to access the various medical supplies they need is going to be a critical political and technical issue," he said. "This issue will require political attention."

The WHO has said the world is on the brink of pandemic from the H1N1 virus, which has been most prevalent in North America and begun to infect large numbers in Japan, Britain and Spain.

United Nations Secretary-General Ban Ki-moon (R)
listens to WHO Director-General Margaret Chan (C) during a visit to the Strategic Health Operations Centre (SHOC) room at the World Health Organization (WHO) headquarters in Geneva, May 19, 2009.
REUTERS/Christopher Balck/WHO/Handout
https://www.reuters.com/article/us-flu-who-idUSTRE54H1XO20090519

World Health Organization

62nd World Health Assembly

Geneva, WHO, 18-22 of May 2009

https://apps.who.int/iris/bitstream/handle/10665/2878/WHA62_REC1-en.pdf?sequence=1&isAllowed=y
https://www3.paho.org/hq/index.php?option=com_content&view=article&id=1359:2009-world-health-assembly-18-22-may-2009&Itemid=0&lang=en#gsc.tab=0

Pandemic influenza preparedness: sharing of influenza viruses and access to vaccines and other benefits

The Sixty-second World Health Assembly,

Having considered the reports on pandemic influenza preparedness: sharing of influenza viruses and access to vaccines and other benefits;

Recalling resolution WHA60.28 on pandemic influenza preparedness: sharing of influenza viruses and access to vaccines and other benefits, which requested the Director-General to convene an intergovernmental meeting;

Recognizing that the Intergovernmental Meeting reached agreement on most elements of the Pandemic Influenza Preparedness Framework for the sharing of influenza viruses and access to vaccines and other benefits;

Reaffirming the need for long-term solutions for pandemic influenza preparedness and response;

Recognizing also that further work needs to be done on some key remaining elements of the Pandemic Influenza Preparedness Framework,

REQUESTS the Director-General:

(1) to work with Member States to take forward the agreed parts of the Pandemic Influenza Preparedness Framework for the sharing of influenza viruses and access to vaccines and other benefits as contained in the report of the outcome of the Intergovernmental Meeting;

(2) to facilitate a transparent process to finalize the remaining elements, including the Standard Material Transfer Agreements and its annex, and report the outcome to the Executive Board at its 126th session in January 2010. (*Eighth plenary meeting*, 22 May 2009 – Committee A, second report)

Sixty-second World Health Assembly, Geneva 18-22 May 2009: WHA62.10 – p. 15
https://apps.who.int/iris/bitstream/handle/10665/2878/WHA62_REC1-en.pdf?sequence=1&isAllowed=y

The New York Times

Sheryl Gay Stolberg

Obama is said to consider Preventive Detention Plan

The New York Times, 20 May 2009
https://www.nytimes.com/2009/05/21/us/politics/21obama.html

Washington – President Obama told human rights advocates at the White House on Wednesday that he was mulling the need for a "preventive detention" system that would establish a legal basis for the United States to incarcerate terrorism suspects who are deemed a threat to national security but cannot be tried, two participants in the private session said.

The discussion, in a 90-minute meeting in the Cabinet Room that included Attorney General Eric H. Holder Jr. and other top administration officials, came on the eve of a much-anticipated speech Mr. Obama is to give Thursday on a number of thorny national security matters, including his promise to close the detention center at the naval base in Guantánamo Bay, Cuba.

Human rights advocates are growing deeply uneasy with Mr. Obama's stance on these issues, especially his recent move to block the release of photographs showing abuse of detainees, and his announcement that he is willing to try terrorism suspects in military commissions – a concept he criticized bitterly as a presidential candidate.

The two participants, outsiders who spoke on the condition of anonymity because the session was intended to be off the record, said they left the meeting dismayed.

They said Mr. Obama told them he was thinking about "the long game" – how to establish a legal system that would endure for future presidents. He raised the issue of preventive detention himself, but made clear that he had not made a decision on it. Several senior White House officials did not respond to requests for comment on the outsiders' accounts.

"He was almost ruminating over the need for statutory change to the laws so that we can deal with individuals who we can't charge and detain," one participant said. "We've known this is on the horizon for many years, but we were able to hold it off with George Bush. The idea that we might find ourselves fighting with the Obama administration over these powers is really stunning."

The other participant said Mr. Obama did not seem to be thinking about preventive detention for terrorism suspects now held at Guantánamo Bay, but rather for those captured in the future, in settings other than a legitimate battlefield like Afghanistan. "The issue is," the participant said, "What are the options left open to a future president?"

Mr. Obama did not specify how he intended to deal with Guantánamo detainees who posed a threat and could not be tried, nor did he share the contents of Thursday's speech, the participants said.

He will deliver the speech at a site laden with symbolism – the National Archives, home to the Constitution and the Declaration of Independence. Across town, his biggest Republican critic, former Vice President Dick Cheney, will deliver a speech at the American Enterprise Institute.

Mr. Cheney and other hawkish critics have sought to portray Mr. Obama as weak on terror, and their argument seems to be catching on with the public. On Tuesday, Senate Democrats, in a clear

rebuke to the White House, blocked the $80 million Mr. Obama had requested in financing to close the Guantánamo prison.

The lawmakers say they want a detailed plan before releasing the money; there is deep opposition on Capitol Hill to housing terrorism suspects inside the United States.

"He needs to convince people that he's got a game plan that will protect us as well as be fair to the detainees," said Senator Lindsey Graham, Republican of South Carolina, who agrees with Mr. Obama that the prison should be closed. "If he can do that, then we're back on track. But if he doesn't make that case, then we've lost control of this debate."

But Mr. Obama will not use the speech to provide the details lawmakers want.

"What it's not going to be is a prescriptive speech," said David Axelrod, Mr. Obama's senior adviser. "The president wants to take some time and put this whole issue in perspective to identify what the challenges are and how he will approach dealing with them."

ACLU

Amanda Simon

President Obama Signs Indefinite Detention Into Law

American Civil Liberties Union (ACLU), 31 December 2011
https://www.aclu.org/news/national-security/president-obama-signs-indefinite-detention-law

President Obama signed the National Defense Authorization Act (NDAA) today, allowing indefinite detention to be codified into law. As you know, the White House had threatened to veto an earlier version of the NDAA but reversed course shortly before Congress voted on the final bill. While President Obama issued a signing statement saying he had "serious reservations" about the provisions, the statement only applies to how his administration would use it and would not affect how the law is interpreted by subsequent administrations.

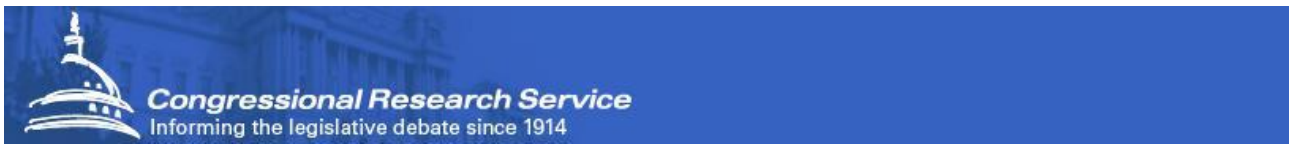
The statute is particularly dangerous because it has no temporal or geographic limitations, and can be used by this and future presidents to militarily detain people captured far from any battlefield.

Under the Bush administration, similar claims of worldwide detention authority were used to hold even a U.S. citizen detained on U.S. soil in military custody, and many in Congress now assert that the NDAA should be used in the same way again. The ACLU believes that any military detention of American citizens or others within the United States is unconstitutional and illegal, including under the NDAA. In addition, the breadth of the NDAA's detention authority violates international law because it is not limited to people captured in the context of an actual armed conflict as required by the laws of war.

We are extremely disappointed that President Obama signed this bill even though his administration is already claiming overly-broad detention authority in court. Any hope that the Obama administration would roll back those claims dimmed today. Thankfully we have three branches of government, and the final word on the scope of detention authority belongs to the Supreme Court, which has yet to rule on the scope of detention authority. But Congress and the president also have a role to play in cleaning up the mess they have created because no American citizen or anyone else should live in fear of this or any future president misusing the NDAA's detention authority.

The ACLU will fight worldwide detention authority wherever we can, be it in court, in Congress, or internationally.

also => https://www.aclu.org/press-releases/president-obama-signs-indefinite-detention-bill-law



The 2009 Influenza A(H1N1) Outbreak: Selected Legal Issues

Congressional Research Service, 21 May 2009
https://web.archive.org/web/20101222101741/http://opencrs.com/document/R40560/2009-05-21/

Summary. Recent human cases of infection with a novel influenza A(H1N1) virus have been identified both internationally and in the United States. Since there has been human to human transmission and the new virus has the potential to become pandemic, it is timely to examine the legal issues surrounding this emerging public health threat. This report provides a brief overview of selected legal issues including emergency measures, civil rights, liability issues, and employment issues.

There are a number of emergency measures which may help to contain or ameliorate an infectious disease outbreak. The Public Health Service Act and the Stafford Act contain authorities that allow the Secretary of Health and Human Services and the President, respectively, to take certain actions during emergencies or disasters. While the primary authority for quarantine and isolation in the United States resides at the state level, the federal government has jurisdiction over interstate and border quarantine.

Border entry and border closing issues may arise in the context of measures designed to keep individuals who have, or may have, influenza A(H1N1) from crossing U.S. borders. Aliens with the H1N1 virus can be denied entry, but American citizens cannot be excluded from the United States solely because of a communicable disease, although they may be quarantined or isolated at the border for health reasons.

Airlines have considerable discretion to implement travel restrictions relating to the safety and/or security of flights and other passengers and crew. In addition, the federal government has broad legal authority to regulate and control the navigable airspace of the United States in dealing with incidents involving communicable diseases.

States have authority to initiate other emergency measures such as mandatory vaccination orders and certain nonpharmaceutical interventions such as school closures, which may lessen the spread of an infectious disease.

The International Health Regulations adopted by the World Health Organization in 2005 provide a framework for international cooperation against infectious disease threats. The use of these emergency measures to contain the influenza A(H1N1) virus outbreak may raise a classic civil rights issue: to what extent can an individuals liberty be curtailed to advance the common good?

The U.S. Constitution and federal civil rights laws provide for individual due process and equal protection rights as well as a right to privacy, but these rights are balanced against the needs of the community.

Liability issues may become particularly important during the influenza A(H1N1) virus outbreak. The Public Readiness and Emergency Preparedness Act limits liability with respect to the use of countermeasures for pandemic flu or other public health threats. A patchwork of federal and state laws exists which generally operates to protect volunteers, which may include volunteer health professionals (VHPs) under certain circumstances, and there are also laws that trigger liability protection specifically for VHPs. Questions relating to employment are among the most significant issues presented by an influenza pandemic, since, if individuals fear losing their employment or their wages, compliance with public health measures such as social distancing and isolation or quarantine may suffer.

It would seem possible for a court to conclude that the isolation or quarantine of individuals during a pandemic serves the public good and that the termination of individuals who are isolated or quarantined violates public policy. Employees may also have some job protection under the Family and Medical Leave Act.

U.S. Department of Health & Human Services
HHS.gov *Improving the health, safety, and well-being of America*

HHS Takes Additional Steps Toward Development of Vaccine for the Novel Influenza A (H1N1)

HHS Press Officev, 22 May 2009.
https://web.archive.org/web/20090523213249/https://www.hhs.gov/news/press/2009pres/05/20090522b.html

HHS Secretary Kathleen Sebelius announced today that the department will take important steps necessary to prepare for potential commercial-scale production of a candidate vaccine for the novel Influenza A (H1N1). The Secretary is directing approximately **$1 billion in existing funds** that will be used for clinical studies that will take place over the summer and for commercial-scale production of two potential vaccine ingredients for the pre-pandemic influenza stockpile.

"Preparation and planning are critical to keep Americans safe in the face of a potential pandemic," Secretary Sebelius said. "Our goal throughout this new H1N1 outbreak has been to stay one step ahead of the virus. An important part of this effort has been our work to develop a potential vaccine because vaccines can help prevent and control influenza virus outbreaks. The actions we are taking today will help us be prepared if a vaccine is needed."

The funds will be used to place new orders on existing contracts with companies that hold U.S. licenses for flu vaccines. With these orders, they will produce a bulk supply of vaccine antigen and adjuvant. Antigen is the active ingredient in a vaccine that causes the human body's immune system to develop antibodies that help fight an invading virus. Depending on the results of clinical studies, adjuvants could be added to a vaccine to improve the immune system's response and potentially reduce the amount of antigen necessary for the body to recognize and fight a virus.

Having both antigen and adjuvant on hand provides maximum flexibility in a future immunization program, if a program is recommended. For example, if needed these ingredients could be used in vaccine to help protect health providers and other members of the critical workforce, as recommended by the *National Strategy for Pandemic Influenza*.

With these funds manufacturers will also prepare pilot lots of potential vaccine for use in clinical studies to determine the proper dose for a vaccine, determine if adjuvants are appropriate and ensure a vaccine is safe and effective. The U.S. government will share as much information as possible from the results of these clinical studies with the World Health Organization and the global community so that other countries can benefit from the U.S. efforts to determine dosage, safety and effectiveness.

The Biomedical Advanced Research and Development Authority (BARDA) in the HHS Office of the Assistant Secretary for Preparedness and Response established the existing contracts with these companies in 2004 as part of the *National Strategy for Pandemic Influenza*.

- To learn more about the *National Strategy for Pandemic Influenza*, visit
https://web.archive.org/web/20090520191231/http://www.pandemicflu.gov/plan/federal/pandemic-influenza.pdf
- More about BARDA is available at
https://web.archive.org/web/20070715125207/http://www.hhs.gov/aspr/barda/index.html

For the latest on the H1N1 flu virus, see
- https://web.archive.org/web/20090501205239/http://www.cdc.gov/h1n1flu/

NEWS

William Glaberson

Obama detention plan tests U.S. legal tradition

NBC News, 23 May 2009, 6:26 PM + 08
https://www.nbcnews.com/id/wbna30898269

President Obama's proposal for a new legal system in which terrorism suspects could be held in "prolonged detention" inside the United States without trial would be a departure from the way this country sees itself, as a place where people in the grip of the government either face criminal charges or walk free.

There are, to be sure, already some legal tools that allow for the detention of those who pose danger: quarantine laws as well as court precedents permitting the confinement of sexual predators and the dangerous mentally ill. Every day in America, people are denied bail and locked up because they are found to be a hazard to their communities, though they have yet to be convicted of anything.

Still, the concept of preventive detention is at the very boundary of American law, and legal experts say any new plan for the imprisonment of terrorism suspects without trial would seem inevitably bound for the Supreme Court.

Mr. Obama has so far provided few details of his proposed system beyond saying it would be subject to oversight by Congress and the courts. Whether it would be constitutional, several of the legal experts said in interviews, would most likely depend on the fairness of any such review procedures.

Is this what America does?

Ultimately, they suggested, the question of constitutionality would involve a national look in the mirror: Is this what America does?

"We have these limited exceptions to the principle that we only hold people after conviction," said Michael C. Dorf, a constitutional law professor at Cornell. "But they are narrow exceptions, and we don't want to expand them because they make us uncomfortable."

In his speech on antiterrorism policy Thursday, Mr. Obama, emphasizing that he wanted fair procedures, sought to distance himself from what critics of the Bush administration saw as its system of arbitrary detention.

"In our constitutional system," Mr. Obama said, "prolonged detention should not be the decision of any one man."

But Mr. Obama's critics say his proposal is Bush redux. Closing the prison at Guantánamo Bay, Cuba, and holding detainees domestically under a new system of preventive detention would simply "move Guantánamo to a new location and give it a new name," said , president of the Center for Constitutional Rights. Defense Secretary suggested this month that as many as 100 detainees might be held in the United States under such a system.

Mr. Obama chose to call his proposal "prolonged detention," which made it sound more reassuring than some of its more familiar names. In some countries, it is called "administrative detention," a designation with a slightly totalitarian ring. Some of its proponents call it "indefinite detention," which evokes the Bush administration's position that Guantánamo detainees could be held until the end of the war on terror – perhaps for the rest of their lives – even if acquitted in war crimes trials.

Sobering difficulties of closing Guantanamo

Mr. Obama's proposal was a sign of the sobering difficulties posed by the president's plan to close the Guantánamo prison by January. The prolonged detention option is necessary, he said, because there may be some detainees who cannot be tried but who pose a security threat.

These, he said, are prisoners who in effect remain at war with the United States, even after some seven years at Guantánamo. He listed as examples detainees who received extensive explosives training from , have sworn allegiance to or have otherwise made it clear that they want to kill Americans.

Other countries, including Israel and India, have had laws allowing indefinite detention of terrorism suspects, said Monica Hakimi, an assistant professor of law at the who has written about the subject. But, she said, few provide for essentially unending detention, and several European countries have restricted preventive detention to days or weeks.

Mr. Obama's proposal, Professor Hakimi said, appears to be "an aggressive approach that is not commonly taken in other Western developed countries."

'Hallmark of abusive systems'

In a letter to the president on Friday, Senator , Democrat of Wisconsin, said he was not sure Mr. Obama's idea would prove constitutional, and added that "such detention is a hallmark of abusive systems that we have historically criticized around the world."

Some critics of the Bush administration, who have become critics of Mr. Obama as well, have long said they are skeptical that there are detainees who are a demonstrable risk to the country but against whom the government can make no criminal case.

But some proponents of an indefinite detention system argue that Guantánamo's remaining 240 detainees include cold-blooded jihadists and perhaps some so warped by their experience in custody that no president would be willing to free them. And among them, the proponents say, are some who cannot be tried, in part for lack of evidence or because of tainted evidence.

Benjamin Wittes, a senior fellow at the , said Mr. Obama's proposal was contrary to the path his administration apparently hoped to take when he took office. But that was before he and his advisers had access to detailed information on the detainees, said Mr. Wittes, who in a book last year argued for an indefinite detention system.

"This is the guy who has sworn an oath to protect the country," he said, "and if you look at the question of how many people can you try and how many people are you terrified to release, you have to have some kind of detention authority."

Civil liberties lawyers say American criminal laws are written broadly enough to make it relatively easy to convict terrorism suspects. They say Mr. Obama has not made the case persuasively that there is a worrisome category of detainees who are too dangerous to release but who cannot be convicted. The reason to have a criminal justice system at all, they say, is to trust it to decide who is guilty and who is not.

"If they cannot be convicted, then you release them," said Jameel Jaffer, a lawyer at the American Civil Liberties Union. "That's what it means to have a justice system."

Obama: Preventive and Indefinite Detention.
Constitution Revollution coming your way

MSNBC News, 23 May 2009

http://www.youtube.com/watch?v=_msTII61hWY

https://web.archive.org/web/20110501014323/http://www.youtube.com/watch?v=_msTII61hWY

Сергей Нагорный

Гриппуем без паники

Interfax, 25 мая 2009, 18:15
https://www.interfax-russia.ru/view/grippuem-bez-paniki

Interfax-Russia.ru - "Свиной" грипп добрался до России - отмечены первые случаи заболевания. Впрочем, эксперты, как и население страны, спокойны, а больные россияне идут на поправку.

В России в конце минувшей недели выявили сразу два случая заболевания "свиным" гриппом. Имена обоих заболевших не распространяются, однако известны обстоятельства, при которых они подхватили недуг.

В пятницу вечером, 22 мая, был официально подтвержден первый случай заражения вирусом A/H1N1 в России. За медицинской помощью на днях обратился 28-летний преподаватель Нью-Йоркского университета, который приехал навестить родственников в подмосковный город Жуковский. Он жаловался на высокую температуру и слабость. В тот же день его госпитализировали в 1-ю инфекционную клиническую больницу Москвы с подозрением на "свиной" грипп. После подтверждения диагноза больной проходит специальный интенсивный курс лечения.

Другой носитель опасного вируса вернулся из Доминиканской республики, где отдыхал с супругой. Руководитель Роспотребнадзора, главный государственный врач РФ Геннадий Онищенко сообщил "Интерфаксу" в воскресенье вечером, что анализы, взятые у этого больного, также подтвердили диагноз - грипп A/H1N1.

По словам Онищенко, мужчина находился в Доминиканской республике с супругой в свадебном путешествии. "Супруга взята под медицинское наблюдение. Признаков заболевания у нее нет", - сказал собеседник "Интерфакса". Другие родственники заболевшего также взяты под наблюдение медиков. "Никаких признаков ОРЗ у них нет", - сообщил главный государственный врач РФ.

Между тем, в понедельник днем появились данные о самочувствии обоих россиян, подвергшихся заражению. Эти данные весьма обнадеживающие. Вышеупомянутый научный сотрудник Нью-Йоркского университета идет на поправку. "В настоящее время у поступившего в клинику мужчины стабильная нормальная температура 36,6, жалоб на самочувствие нет", - рассказал "Интерфаксу" источник в медицинских кругах столицы. По его словам, есть вероятность, что этот больной может быть выписан уже в среду. Видимо, он станет не только первым заболевшим, но и первым выздоровевшим от "свиного" гриппа в России.

Калужанин, у которого выявлено это заболевание, от выписки еще далек, состояние его врачи пока оценивают как удовлетворительное. Вместе с тем, как сообщил в понедельник на брифинге глава управления Роспотребнадзора по Калужской области Александр Кручинин, повышенной температуры у этого больного также больше не наблюдается. Очевидно, он тоже идет на поправку.

Говоря об обоих выявленных случаях заболевания "свиным" гриппом главный санитарный врач страны Онищенко сказал: "Можно судить об одном - наша система мониторинга и выявления работает".

Тем не менее, проникновение высокопатогенного вируса в Россию вынудило усилить и без того серьезный контроль в аэропортах, ведь, как и ожидалось, грипп в нашу страну "прилетел" с другого континента. Международные аэропорты на днях получили распоряжение Роспотребнадзора об усилении контроля над пассажирами и багажом. "Мы получили бумагу от Роспотребнадзора об усилении штата сотрудников, работающих с прибывающими пассажирами на выявление вируса "свиного" гриппа. Также дано поручение о досмотре багажа пассажиров", - прокомментировала "Интерфаксу" 25 мая руководитель пресс-службы аэропорта "Шереметьево" Анна Захаренкова.

Как ни удивительно, но население России "свиной" грипп даже после того, как он пришел в нашу страну, интересует не сильно. К примеру, в московских аптеках не наблюдается ажиотажного спроса на противогриппозные препараты даже после известия о первых заболевших в России. "Поскольку было объявлено, что все под контролем, что в окружении пациента никто не заболел, никакой паники это не вызвало", - рассказали корреспонденту "Интерфакса" в одной из аптек.

Специалистов, впрочем, это не удивляет. Главный терапевт России Александр Чучалин считает, что не так страшен грипп, как его "малюют". "Никаких панических реакций в связи с выявлением в РФ двух заболевших гриппом A/H1N1 нет", - заявил Чучалин "Интерфаксу" в понедельник. Он отметил, что проблема "свиного" гриппа - это, прежде всего, вопрос профилактики и назначения эффективных препаратов, которые в достаточном количестве существуют в нашей стране. Чучалин убежден, что так называемый свиной грипп "хорошо поддается лечению". При этом из наиболее эффективных препаратов для лечения вируса A/H1N1 главный терапевт назвал тамифлю и ингаверин.

С Чучалиным в целом согласен и председатель Общественного совета по защите прав пациентов Александр Саверский, который в разговоре с Interfax-Russia.ru отметил, что "обычным гриппом ежегодно в России болеют до 7 миллионов человек, а умирают от осложнений не менее двух десятков тысяч". "А тут ВОЗ наводит панику, объявляет пятый уровень опасности, трубит тревогу, когда во всем мире "свиным гриппом" заболел десяток тысяч человек и около ста скончались, - говорит Саверский. - Так, если землетрясению присваивают 7 баллов из восьми, это должно значить, что жертвами уже стали десятки, сотни тысяч человек, а с гриппом такого, конечно, нет".

И вряд ли может быть, считает Саверский. "Последняя реальная пандемия гриппа - так называемая "испанка", бушевавшая в начале прошлого века, протекала во времена, когда санитарно-гигиенические условия были намного ниже, чем сегодня, я бы сказал, ниже плинтуса. Сейчас, когда условия обитания человека заметно изменились, говорить о возникновении столь масштабной пандемии, а тем более о гигантском количестве жертв, вряд ли возможно - люди ведь умирают не столько от вируса, сколько от осложнений, вызванных бактериями, а те, в свою очередь, плодятся там, где слабая гигиена", - считает собеседник Interfax-Russia.ru.

Более того, Саверский полагает, что "шумиха" вокруг нового гриппа, активно подогреваемая ВОЗ, уже нанесла серьезный ущерб туризме и мясной промышленности. "Вот эти пострадавшие вполне могли бы, пожалуй, даже подать иски и требовать от ВОЗ возмещения потерь", - полагает председатель Общественного совета по защите прав пациентов.

Как уже сообщал Interfax-Russia.ru, Всемирная организация здравоохранения присвоила пандемии гриппа пятый, предпоследний от критического уровень. В связи с этим ВОЗ продолжает распределение запасов антивирусных препаратов среди наиболее нуждающихся стран. По данным Минздравсоцразвития, в России все необходимые препараты в достаточном количестве уже закуплены. Только в Москве имеется 7 тыс. упаковок препаратов, рекомен-

дованных ВОЗ. Кроме того, имеются предварительные договоренности с фармакологическими компаниями о поставках дополнительных партий лекарств в случае массового заражения.

В Институте гриппа РАМН "Интерфаксу" в понедельник сообщили, что на диагностическое обследование по гриппу A/H1N1 направляются все граждане, относительно кого есть хоть какое-то подозрение на этот тип гриппа. "Все на страже, смотрим за каждым вздохом", - сообщил собеседник агентства и добавил, что глава института Олег Киселев отправился в США, где обсуждает с коллегами вопросы противодействия "свиному" гриппу.

Между тем, с момента первых выявленных случаев заражения "свиным" гриппом прошло примерно два месяца. По данным на 23 мая, подтверждено 12 тыс. 22 случая заболевания людей гриппом A/H1N1 в 43 странах, 86 - с летальным исходом.

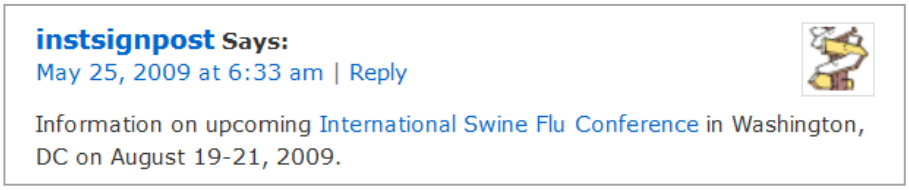
Учитывая, что "свиной" грипп вскоре может угрожать непосредственно каждому из нас, в Государственном научном центре вирусологии и биотехнологии "Вектор" разработали своеобразный FAQ с описанием заболевания и с советами, что делать, если вы подозреваете, что подцепили вирус A/H1N1.

В последнем случае специалисты советуют обращать внимание на симптомы - недомогание, высокая температура (до 39), кашель и боли в горле. Обнаружив такие симптомы, не стоит идти на работу, на учебу, за покупками, в места скопления народа, а, обратившись за квалифицированной медпомощью, необходимо лечь в постель и пить много жидкости. При этом вирусологи советуют "часто и тщательно мыть руки с мылом, особенно после кашля и чихания".

Специалисты "Вектора" также рекомендуют связаться со своим врачом или поставщиком медицинских услуг перед тем, как прийти к нему, и сообщить о симптомах. "Объясните, почему вы думаете, что у вас "свиной" грипп (например, если вы недавно ездили в страну, где зарегистрирована вспышка свиного гриппа у людей). Выполняйте данные вам советы", - говорится в документе. Если заранее связаться с врачами невозможно, то необходимо сообщать о своих подозрениях сразу же по прибытии в медицинское учреждение. "Следите за тем, чтобы во время поездки ваши нос и рот были чем-то прикрыты, например, марлевой повязкой", - добавляют специалисты. Подробнее с документом можно ознакомиться на сайте центра "Вектор".

International Swine Flu Conference

Instsignpost, 25 May 2009, 6:33 am
Washington, DC, 19-20 August 2009; Workshop: August 21, 2009
Hyatt Regency Washington on Capitol Hill; 400 New Jersey Avenue, NW, Washington, D.C., USA 20001
Call: 202.536.5000 // Email: sales@new-fi elds.com Website:
https://archive.org/details/international-sfc


instsignpost Says:
May 25, 2009 at 6:33 am | Reply
Information on upcoming International Swine Flu Conference in Washington, DC on August 19-21, 2009.

https://web.archive.org/web/20090614012827/https://instrumentsignpost.wordpress.com/2009/05/05/swine-flue-or-h1n1/

https://web.archive.org/web/20090711164328/http://new-fields.com/isfc/agenda.php

Top leaders and key decision-makers of major companies representing a broad range of industries will meet with distinguished scientists, public health offi cials, law enforcers, fi rst responders, and other experts to discuss pandemic prevention, preparedness, response and recovery at the 1st International Swine Flu Summit. Concurrent Breakout Sessions:

1) Mass Fatality Management Planning

Develop and maintain plans, procedures, programs, and systems
Develop and implement training and exercise programs
Direct fatality management tactical operations
Activate fatality management operations
Conduct morgue operations
Manage ante-mortem data
Conduct fi nal disposition

2) Business Continuity Planning

Allocate resources to protect your employees & customers during a pandemic
Find out which business risks are insured
Ensure safe travel during the pandemic
Identify when to reduce or even close operations

3) Continuity of Operations (COOP) and Continuity of Government Planning

When 50% or more of employees are out sick or taking care of their sick ones
When H1N1 fl u pandemic unfold in two or three successive waves in a calendar year
Disruptions to public, private and critical infrastructure undermining your essentials functions

4) Emergency Management Services

Prioritize antivirals & personal protective equipment for essential workforce
Overcome reduced response capacity caused by mechanical failure & a possible 30-40 percent drop in staff, to maintain continuous operations
Protect the emergency management response operations center
Manage interruptions in food, fuel & essentials supply chains & establish stockpiles
Manage panic caused by sudden disruption of services & interruptions in essential goods & services

5) Law Enforcement Agencies

Protect police forces from falling ill & from being hurt in civil disturbances
Protect the delivery of vaccines & essential goods & services.
Manage a surge in crime & meet routine requests at the same time
Control & diffuse social unrest & public disorder
Isolate prisons & other facilities

6) First Responders: Fire Department

Protect fire department first responders from falling ill & from being hurt in civil disturbances
Continue to respond to routine fi re outbreaks while responding to pandemic-related calls
Effectively transition into All-Hazards Incident Management Responders
Effectively undertake mass vaccinations
Enforce quarantines

7. First Responders: Public Works

Protect public works fi rst responders from falling ill or being hurt in civil disturbances
Control traffic, evacuation & mass transportation
Ensure the minimal delivery of clean water & sanitation services
Ensure the stability of vital communications networks
Overcome an overwhelmed telecommunications network caused by a surge in telework employees, homebound calls, & the increased search for public services

8) 911 Call Center Services

Effectively manage the 911 call center during the crisis
Develop call center surge capacity
S ecure call center operations
A nticipate technical problems
Ensure that frequent, honest & reliable information is released to the public

9) Hospital and Emergency Medical Services

Prioritize the use of antivirals for the essential workforce
Anticipate interruptions in food, fuel and essentials supply chains & establish stockpiles
Plan for reduced response capacity due to mechanical failure & lack of personnel
Maintain continuous operations during a pandemic
Plan for 30-40 percent drop in labor force
Protect the emergency operations center

10) Workplace Planning

Effectively work with 30-40 percent less employees.
Account for your employees.
Establish remote offi ces & fl exible work plans; identify the business functions that can be outsourced.
Secure your workplaces.
Train your workers to screen for symptoms & know what to do when workers fall ill.

11) School / University Pandemic Planning

Train teachers to screen for symptoms & know what to do when students / teachers fall ill
Transport ill students
Identify when to reduce or close down your school
Effectively transform school facilities into shelters
Continue learning through alternative routes like the web telephone, mail, radio and TV
Communicate effectively with staff, parents and students

12) Airlines, Travel, Airport, Quarantine and Border Health Services

International & Federal guidelines
Measures to prevent the spread of communicable diseases
Apprehension, examination and release
Aviation & Transportation Security Act, 2002 (49 U.S.C. 114)
Are tools available to ensure patient does not pose risk to fellow travelers?

13) Infectious Medical Waste

Infectious waste management
Packaging disposable infectious waste
Engineering controls
Pathological waste management
Exposure control plan

These International Swine Flu Conferences were annonced:

– 1st International Swine Flu Conference. – Washington, DC, 19-20 August 2009.
– International Swine Flu Conference. – Toronto, Canada, 23-25 November 2009.
– International Swine Flu Conference. – London, UK, 2-3 December 2009.
– International Swine Flu Conference. – London, UK, 10-12 March 2010.
– 2nd International Swine Flu Conference. – Washington, DC, 18-19 August 2010.

ABC NEWS

Mexico to erect statue to swine flu 'patient zero'

ABC News, 26 May 2009, at 6:34am
https://www.abc.net.au/news/2009-05-26/mexico-to-erect-statue-to-swine-flu-patient-zero/1694318

A state in eastern Mexico is to erect a statue to a small boy suspected as being the first case of swine flu, to be modelled on the famous Manneken Pis statue of a child urinating in Brussels.

Five-year-old Edgar Hernandez appeared in media across the world in April after the health ministry confirmed that he had contracted, and overcome, the A(H1N1) virus at the start of the epidemic's outbreak.

Edgar's role in putting his poor village of La Gloria on the map merited recognition in the shape of a small statue - resembling the famous Belgian landmark - Fidel Herrera Beltran, the governor of Veracruz state in eastern Mexico, said.

"La Gloria is now an important tourist destination. Next week we'll inaugurate a statue of the child Edgar Hernandez that resembles the Manneken Pis in Brussels for having carried out a similar exploit," Mr Beltran said.

There are several legends behind the Manneken Pis, including one in which an infant lord urinated on enemy troops who were eventually defeated.

The statue of Edgar would be erected on one of the country's highest mountains, the Cofre de Perote, Mr Beltran said.

Suspicions that La Gloria - which lies near a large pig plant - could have been the launching point of the swine flu virus prompted a wave of media attention on the boy.

It is still unclear where the virus originated following initial cases in both the southern United States and Mexico.

The number of swine flu cases worldwide is more than 12,500, including 91 deaths, the United Nations' World Health Organisation said.

The figure included 80 deaths and more than 4,000 cases in Mexico.

Mirror

Matt Roger

Statue erected of first boy in world who caught swine flu

Mirror, 25 Jul 2009, 00:00
https://www.mirror.co.uk/news/uk-news/statue-erected-of-first-boy-in-world-408563

They're calling the statue Nino Cero – Little Boy Zero.

Modelled on the famous Mannekin Pis statue in Brussels, its subject is a five-year-old lad... a real one who lives barely five minutes walk from his bronze likeness in the remote mountain village of La Gloria in Mexico.

Edgar Hernandez has been identified as the first person in the world known to have contracted the H1N1 virus – better known as swine flu.

This spring, it seemed half of La Gloria were coming down with something. One villager described how the sickness swept through the village.

She said: "Some people started getting ill in February and an eight-month-old baby died. After that another baby died on 21 March. Suddenly, most of the village got ill.

We asked the authorities what it was and they said it was a severe cold. They said influenza had been eradicated from Mexico."

A week later, little Edgar woke with a high fever and headache. Doctors from the village clinic dismissed it as a common cold, but after he continued to deteriorate, medical staff from the local government came to the Hernandez home to take saliva samples.

On April 27, his mother Maria was informed Edgar had the H1N1 virus.

КОМСОМОЛЬСКАЯ ПРАВДА RU

Евгений Черных

Нас будут кошмарить свиным гриппом до 2016 года
Обозреватель Евгений Черных пытается выяснить, кому выгодна вселенская паника

Комсомольская Правда, 4 июня 2009, 6:00
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Каюсь, только сейчас я по достоинству оценил актуальность и гениальность фразы булгаковского профессора Преображенского: «Разруха в головах!» Еще недавно ее употребляли применительно к мировому финансовому кризису. Свинячья напасть задвинула кризис на задворки. В мозгах раздрай от бурного потока ежедневных кошмарных новостей. Поневоле голова заболит. А это первый признак новой опаснейшей хвори H1N1...

«Граждане с яйцами, срочно сдайте их в милицию!»

Запуганный Всемирной организацией здравоохранения (ВОЗ), грозящей пандемией типа печально знаменитой «испанки», унесшей 90 лет назад СТО миллионов жизней, главным санврачом Москвы Филатовым, стращавшим СЕМЬЮ миллионами инфицированных в мае, я кинулся за рецептом к авторитетному профессору. Тот прописал... «Роковые яйца». Все того же Булгакова.

...В заштатном городке Стекловске у гражданки Дроздовой все хохлатки откинули лапки. И пошла писать губерния! Дроздова попала в местную газету «Красный боец» в статью под заголовком «Неужели куриная чума?». Весть понеслась в Москву.

И вот уже в столице невероятнейшей величины заголовок через всю страницу центральной газеты - «Куриный мор в республике»!

«В сквере против Большого театра, где бил ночью разноцветный фонтан, толкалась и гудела толпа. А над Большим театром гигантский рупор завывал: «Антикуриные прививки в Лефортовском ветеринарном институте дали блестящие результаты. Количество куриных смертей за сегодняшнее число уменьшилось вдвое». Затем рупор менял тембр и жаловался басом: «Образована чрезвычайная комиссия по борьбе с куриной чумой в составе наркомздрава, наркомзема, заведующего животноводством Птахи-Поросюка (ну и фамилия, создатель! - Е. Ч.) и товарища Рабиновича!»

Толпы народа теснились у больших объявлений: «Под угрозой тягчайшей ответственности воспрещается населению употреблять в пищу куриное мясо и яйца. Частные торговцы при попытке продажи их на рынках подвергаются уголовной ответственности с конфискацией всего имущества. Все граждане, владеющие яйцами, должны в срочном порядке сдать их в районные отделения милиции».

На киноэкране грудой до самого неба лежали куры, и зеленоватые пожарные, дробясь и искрясь, из шлангов поливали их керосином».

Фантастическая повесть о яйцах написана в 1924-м. Действие происходит в 1928-м.

Ужас мчится на поросячьих рылах

Залежавшиеся с 1924 года «Роковые яйца» до боли напоминают свежую панику с куриным гриппом, охватившим в XXI веке всю планету. (Эпидемиология и клиническая картина вирусного заболевания птиц подана у врача Булгакова профессионально, объяснил мне профессор.) Радио, ТВ, прессу заполонили тогда кошмарные новости. На голубых экранах показывали массовое сжигание домашней птицы. Врезался в память заголовок «Ужас, летящий на крыльях кур!» Куры не летают. Разве что иногда низенько-низенько, на несколько метров, спасаясь от сексуальных домоганий петуха. Нелепый заголовок четко отражал ситуацию: ужас, как в повести Булгакова!

А дальше - еще ужаснее: «Птичий грипп загоняет человечество в тупик!», «Пандемия птичьего гриппа убьет треть человечества!» Кранты! Обжалованию не подлежит.

Журналисты не фантазировали, а лишь старательно выдавали на-гора сообщения ВОЗ и местных санитарно-эпидемиологических органов.

И где же та ужасная пандемия? По данным ВОЗ, с 2003 по 06.04.2009 гг. зафиксировано 256 летальных исходов. Это даже не эпидемия. (Булгаков в «Роковых яйцах» и то нафантазировал около тысячи людских смертей от куриного мора в одной советской республике.) Только в Штатах за сезон обычный грипп убивает 36 тысяч человек. По миру - 500 тысяч. И никакой тревоги со стороны ВОЗ, ООН...

Вновь летит ужас, но уже на рылах свиней. Хроника всепланетного кошмара повторяется, как под копирку. Точно так же каждый день фиксируется каждая новая страна, жертва. Помощник гендиректора ВОЗ Кеджи Фукуда заявил, что треть населения Земли может заразиться гриппом H1N1...

Пламенный привет от Птахи-Поросюка

Когда ужас первых недель улегся, обнаружилось: число жертв вируса-убийцы в Мексике, откуда и началась вселенская паника, было завышено раз в 5. Но и без того стало очевидно - объявленный мировой мор буксует. «Мы видим обнадеживающие признаки того, что пока этот вирус не выглядит более опасным, чем обычный штамм во время сезонной вспышки гриппа», - заявил глава федерального Центра по контролю и профилактике заболеваний США Ричард Бессер. И в Москве на конец мая вместо обещанных СЕМИ миллионов санитары зафиксировали лишь трех больных, да и те быстро пошли на поправку. Как выразился наш Главный санврач Онищенко, H1N1 рыльцем не вышел, чтобы вызвать пандемию. Пронесло.

Однако успокаиваться рано, это могла быть лишь первая волна грядущей пандемии свиного гриппа, намекнула глава ВОЗ М. Чен: «Возможно, вирус дает нам передышку, однако мы не знаем, как долго это продлится. Никто не знает, не является ли это затишьем перед бурей». И напугала второй, смертельной, волной. По аналогии с печально знаменитой «испанкой», у которой первая волна тоже была легкой.

Помню, точно так же госпожа Чен пугала пандемией птичьего гриппа! И с «испанкой» путаницы много. Прежде писали, что ее жертвами стали 20 миллионов. Потом повысили до 40 миллионов. Теперь фигурирует 100! Чему верить?

Ох, чует мое сердце, не случайно Булгаков обозвал члена чрезвычайки Птахой-Поросюком. Странная фамилия, символическая. Мистический привет нам в XXI век от автора «Мастера и Маргариты». Пташий H5N1 и поросючий H1N1 гриппы словно близнецы-братья, вылупившиеся из одного рокового яйца. Слишком многое их объединяет. Даже порядок пандемий, которыми нас пугают, повторяет фамилию члена чрезвычайки. Вернемся на минутку к «Роковым яйцам».

«Театр покойного Всеволода Мейерхольда, погибшего, как известно, в 1927 году при постановке пушкинского «Бориса Годунова», когда обрушились трапеции с голыми боярами, выбросил движущуюся разных цветов электрическую вывеску, возвещавшую пьесу писателя Эрендорга «Курий дох» в постановке ученика Мейерхольда, заслуженного режиссера республики Кухтермана».

Создается ощущение, что очередной гениальный ученик раздавленного голыми боярами Мейерхольда разыгрывает уже всепланетный спектакль под названием «Курий дох, пардон, свиний удох». И мы с вами не просто зрители, а статисты. Так и хочется крикнуть: «Браво! Режиссера на сцену!» Но кто он, этот новый Кухтерман-Свинерман?

Ищите женщину! (=> *Маргарет Чен*)

Таинственный режиссер никогда по своей воле не выйдет на сцену за цветами и аплодисментами. Ему публичность не нужна. Попробуем вычислить сами постановщика(ов) спектакля. Поставим вопрос ребром: кому выгодно подкладывать свинью всему человечеству, кошмарить нас до поросячьего визга старой напастью в новом обличье?

Первое, что приходит на ум в «разрушенную голову»: фармацевты воду мутят. Они, креста на них нет, наживаются на страхах, получая сверхприбыли от продажи лекарств. Главный государственный санитарный врач РФ Г. Онищенко даже конкретный адресок подсказал прямо в прямом эфире «Эха Москвы» (5 мая 2009: «Нам говорят: «Этот вирус не чувствителен ни к чему, только к одному тамифлю»). И наша любимая ВОЗ, которая является средоточием всего положительного, что есть у здравоохранения на этой планете, выступает в роли маркетингового отдела фирмы «Ля Рош», которая совершенно случайно оказалась в той же Швейцарии, в том же городе Женева. Ну разве так можно?»

Действительно, нельзя. Есть и другие препараты. В Мексике, принявшей первый удар поросячьей напасти, использовали 4 (четыре!) лекарства. И Онищенко назвал три отечественных.

Разговоры о том, что ВОЗ неровно дышит к «ля рошевскому» лекарству, пошли еще в дни «куриной паники». Известен и главный маркетолог – Маргарет Чен. В ту пору представитель гендиректора ВОЗ по пандемии гриппа, а ныне уже сама – глава уважаемой организации. На международных форумах по борьбе с *грядущей* птичьей пандемией она пропагандировала тамифлю и «Ля Рош».

Ноябрь 2005 г. В Женеве обсуждали вселенский план действий по борьбе с птичьим гриппом. Журналисты допытывались у Чен: почему ставка сделана именно на этот препарат? Ведь среди умерших от H5N1 были пациенты, принимавшие тамифлю. Чен ответила дипломатично. Дескать, в некоторых случаях, судя по всему, лечение началось поздно.

В январе 2006 года на очередной международной конференции по H5N1 в Пекине Чен призвала мировое сообщество увеличить бюджет на борьбу с грядущей пандемией. Запланированных $1,5 миллиарда может не хватить. Опять напомнила про запасы тамифлю. На форуме не обошлось без критики. Увеличивая расходы на птичий грипп, ВОЗ сокращала финансирование лечения ВИЧ, полиомиелита, туберкулеза. Чен отвергла эти инсинуации. «Я уверена, что наши усилия стоят того!» (В 2006-м, констатировала позже ВОЗ, на планете заболели чахоткой 9,2 миллиона человек. Умерли 1,5 миллиона «простых» туберкулезников и 200 тысяч, страдавших вдобавок СПИДом.)

В Пекине тогда на борьбу с птичьим гриппом собрали $1,9 млрд. $40 млн. выделила Россия.

Посмотрим же результат маркетинга ВОЗ (обратите внимание, слово «маркетинг» первым произнес официальный чин - товарищ Онищенко! Безответственный журналист лишь повторяет его).

По данным Datamonitor, в 2004 году, когда заварушка с птичьим гриппом начиналась, тамифлю продали на $266 млн. 2005 год - $1,3 млрд., 2006 г. - разгар паники и призывов ВОЗ - $2,1 млрд., 2007 г. - $1,7 млрд.

Спасаем просроченное лекарство!

По маркетологам плачет Нобелевская премия. Они придумали гениальную стратегию продвижения (Воланд нервно курит в углу, а Птаха-Поросюк просто выпал в осадок!). Ставка не на рядового потребителя, который дорогому лекарству может предпочесть дешевый аналог. Закупать препарат должны государства!

Хитроумный ход сработал. Почему? Ответ дает реклама тех птичьих времен. «По мнению экспертов ВОЗ, заблаговременное создание резервов противовирусных препаратов является единственным способом замедлить распространение инфекции на уровне стран и в международном масштабе, а также снизить заболеваемость, смертность и социальную нестабильность. Срок годности тамифлю - 5 лет, что позволяет сделать значительный запас препарата. На сегодняшний день более 80 государств создали запасы тамифлю. Уровень запасов в Европе достаточен для лечения 25% населения, США планирует закупить к 2008 году 81 млн. упаковок. За дополнительной информацией обращайтесь...»

Кстати, о сроке годности. В 2000 году он составлял 2 года. Строгая надпись предупреждала: «Препарат не следует использовать по истечении срока годности, указанного на упаковке». Вскоре добавили еще годок. Когда началась паника курячья, продлили еще на пару лет. Странно получается. Те же санитары стращают нас опасными для здоровья и жизни продуктами с просроченным сроком хранения, на которые нечистоплотные продавцы клеят новые этикетки. А новому лекарству, отпускаемому по рецепту, увеличивают срок годности в 2,5 раза. У детского тамифлю он по- прежнему 2 года.

Так вы поняли наконец, в чем ужас? В этом году заканчивается срок годности первых запасов, сделанных на случай обещанной ВОЗ пандемии. А может, уже и закончился. Это ж настоящая катастрофа! Угрохали миллиарды на лекарство, его хранение, а пандемия птичья показала кукиш. Теперь еще утилизировать просроченное надо. Тоже небесплатно. Ситуация, как говорится, курам на смех. Но 80 государствам не до смеха (России в списке нет!). Впору на ВОЗ в суд подавать.

Имела баба заботы, да выручил порося

И фирме «Ля Рош» несладко. Мощности раскрутили, лекарства навыпускали, а спрос падает. В 2008 году всего $564 млн. выручили. И перспективы нерадостные. ...

Но тут по весне мексиканцев начал валить новый грипп, свиной. ВОЗ оперативно забила тревогу - на пороге пандемия! Единственным средством от смертельной напасти, судя по словам информированного Геннадия Онищенко, ВОЗ вновь объявила тамифлю. Швейцарский сосед мгновенно отреагировал. «Недавняя вспышка гриппа А (H1N1) показывает, что опасный вирус может появиться совершенно неожиданно и быстро распространиться по всему миру, - заявил представитель компании Уильям М. Бернс. - Это подчеркивает важность пополнения Всемирной организацией здравоохранения и «Рош» запасов быстрого реагирования, а также необходимость пополнения правительственных запасов тамифлю; только так мы можем с готовностью встретить новые вспышки этого гриппа или гриппа, вызванного другими вновь появившимися штаммами вируса». Миру пообещали за 5 ближайших месяцев значительно нарастить выпуск лекарства. А в случае необходимости быстро достичь максимально возможного уровня производства - 400 миллионов курсовых доз (4 миллиарда капсул) в год.

На этом оптимистичном фоне незаметно промелькнуло сообщение: «В свете вспышки заболеваемости гриппом А (H1N1) Европейское агентство по лекарственным средствам рекомендовало, чтобы срок годности для тамифлю был увеличен с 5 до 7 лет». Это относится и к лекарству, у которого уже истекает пятилетний срок.

Получается осетрина даже не второй, а третьей свежести, вспомнил я незабвенного Булгакова. Впрочем, когда речь идет о спасении человечества, утвердят и 10, и 15 лет годности. И этикетки переклеят.

Все возвращается на круги своя!

Кто там сказал, что гусь, пардон, курица свинье не товарищ? Тамифлю накрепко связал их одной цепью, извиняюсь, капсулой. И не надо иронизировать, что новый вирус рыльцем не вышел. Маховик запущен. Первая волна схлынула? Так мы получим вторую волну и третью... Девятый свинячий вал. Или гусиный, крольчиный грипп.

Но я попросил бы вас не метать громы и молнии в адрес «Ля Рош». Компания делает благородное дело. Выполняет решения ВОЗ, пытается спасти человечество от грядущей пандемии! Сверхприбыли? Их не может быть по определению.

Вы что думаете, смогла бы ВОЗ так запросто стать маркетинговым отделом фармацевтических компаний, чтобы сообща пугать нас пандемией? Да кто просто так пустил бы их со свиным, извиняюсь, гриппом да в калашный ряд большой мировой политики?

Открою маленький секрет. От 10 до 20 процентов денежек за каждую проданную в мире капсулу тамифлю уходит за океан (точная цифра - коммерческая тайна). Кому? Компании «Гилеад». Не слыхали про такую? А вам это и ни к чему. «Гилеад» - владелец патента на тамифлю. До 2016 года. Вот закончится срок, тогда и другие смогут выпускать «дженерики» тамифлю - дешевые аналоги. Но к тому сроку нам выдадут новые пандемии и новые лекарства от них.

... Извините, я забыл сообщить, чем закончился куриный дох у Булгакова. Через две недели в смысле кур в Союзе республик было совершенно чисто. И тогда объявился загадочный человек Рокк с маузером на боку и секретной бумагой из самого Кремля от Птахи-Поросюка.

Продолжение расследования читайте в следующем номере еженедельника.
«Свиного гриппа нет! Мы его придумали, господин президент». (=> 10.06.09)

Улетная [игра] на злобу дня - боремся с эпидемией

The New York Times

Lawrence K. Altman

Is This a Pandemic? Define 'Pandemic'

The New York Times, 8 June 2009, p. D1
https://www.nytimes.com/2009/06/09/health/09docs.html

After decades of warnings about the inevitability of another pandemic of influenza, it is astonishing that health officials have failed to make clear to the public, even to many colleagues, what they mean by the word pandemic.

Generations of people have used the term to describe widespread epidemics of influenza, cholera and other diseases. But as the new H1N1 swine influenza virus spreads from continent to continent, it is clear that a useful definition is far more complicated and elusive than officials had thought. And what is at stake is far more than an exercise in semantics. A clear understanding of the term is central to the World Health Organization's six-level staging system for declaring a pandemic, which in turn informs countries when to set their control efforts in motion.

Dictionaries and medical journals offer little guidance. Their definitions can be too vague or too narrow, contradictory and clouded by jargon. "There is a lot of misinformation in the medical literature, and it is really quite hard to figure out what is and what is not a pandemic," said Dr. David M. Morens, an epidemiologist at the National Institute of Allergy and Infectious Diseases who has been studying the history of pandemics. The word implies the rapid spread of an infectious disease to many countries in different regions, hitting each with more or less the same severity. But in fact, severity varies – not all people are infected at the same time, and not every country need be affected.

And there can be many other factors, including the numbers and percentages of people falling ill and dying; a population's vulnerability to the disease, based on previous rates of infection; and the quality of health care facilities and disease monitoring systems. Not least is that scientists do not know precisely how pandemics arise, what fuels them, why they vary in their lethality, why some occur in waves and why they stop.

Health officials have long preached that with influenza, the only sure bet is to expect the unexpected. The new swine influenza virus, which appeared suddenly after years of warning about a potential pandemic of avian influenza, upset the W.H.O.'s assumptions that most people have the same understanding of the word pandemic. For years, the organization's Web site defined an influenza pandemic as causing "enormous numbers of deaths and illness." But the agency recently pulled the definition, apologizing for causing confusion and anxiety.

One of the biggest problems in public health is communicating risk assessment.

United States and W.H.O. officials say their preparedness plans are intended for governments, not people in the street. Officials bristle at criticism that their messages and plans have led the public to equate the word pandemic with the Spanish influenza of 1918-19, the worst recorded pandemic in history, killing 20 million to 100 million people.

In preparing for the worst, officials have considered milder pandemics, said Dr. Nancy J. Cox, chief of the influenza division at the Centers for Disease Control and Prevention in Atlanta. But Dr. William Schaffner, the chairman of preventive medicine at Vanderbilt University, said that "we, the public health community, deserve to be chided" about the confusion. "We ought to be able to do a

better job in communicating in an understandable way," he said in an interview. Scientists like to assert that theirs is an exact discipline. But like the terms "evidence-based medicine" and "peer review," pandemic turns out to be another example of imprecise vocabulary that doctors use every day, assuming everyone understands their meaning.

Journals, textbooks and reference works use pandemic in discussing certain diseases, but rarely define the word. For example, the definition section of the Control of Communicable Diseases Manual, a standard reference work, includes "endemic" (said of a disease that is usually present in an area or a population group) and "epidemic" (more cases of an illness than would normally be expected) but not "pandemic."

The disease manual's editor, Dr. David L. Heymann, a retired assistant director-general of the W.H.O., said the term had not caused confusion in the past, but assured me in an interview that "pandemic will be defined in the next edition."

Even the indexes of most major medical textbooks do not list pandemic. One is Harrison's Principles of Internal Medicine, of which Dr. Anthony S. Fauci, who directs the National Institute of Allergy and Infectious Diseases, is a main editor. "It's a mistake, and I'm surprised it's not there because it should have been," Dr. Fauci said in an interview.

Government agencies do not have official lists of pandemics. Textbooks cite many recent and old ones, including these:

- AIDS. Many experts have called H.I.V. a pandemic. Others disagree, saying the virus is pandemic only in Africa.
- Cholera. Since 1817, most experts agree, the world has had seven pandemics of this bacterial illness, which causes severe diarrhea and dehydration. Acute hemorrhagic conjunctivitis. Beginning in 1969, an enterovirus has caused tens of millions of cases of a highly contagious, acute, painful, but rarely blinding, form of hemorrhagic eye inflammation.
- Dengue. Since World War II, this mosquito-borne viral disease has spread widely in Asia and Latin America.
- Syphilis. A pandemic of the bacterial disease raced through Europe and Asia after Columbus's return from America and during mass movements of armies in Europe.

Although pandemics have been classically limited to infectious diseases, the term has spread to noninfectious, chronic ones. For example, many health officials now speak of pandemics of obesity and heart disease.

Knowledge about past pandemics is necessarily incomplete; historical accounts cannot make up for the absence of modern disease monitoring and laboratory tests. About 14 pandemics of influenza have been described since the 16th century, with the first indisputable one occurring in 1889.

In 1580, an influenza pandemic swept through Asia into Europe within six weeks, and at least 10 percent of Rome's 81,000 residents died in the first week, said Dr. Michael T. Osterholm, director of the Center for Infectious Disease Research and Policy at the University of Minnesota. Some Spanish cities were almost totally depopulated.

Dr. Morens, of the infectious diseases institute, said his studies of influenza pandemics left a confusing track record and "are rewiring our brains about thinking about influenza." "The medical literature will tell you there were three pandemics in the 1830s," he said – "one from 1830 to 1832, a second in 1833 to 1834 and a third in 1836 to 1837. But I am beginning to think they were all one pandemic."

Dr. Morens said he was puzzled as to why no influenza pandemics were recorded for nearly 150 years after the one in 1580, although there were some severe localized epidemics. "A period of pandemic stability makes us wonder whether a pandemic comes at any time by chance," he said, "or whether something about epidemic situations prevents pandemics," or at least delays them.

The W.H.O.'s staging system has long been part of its plan for an influenza pandemic.

Deep concern about a potential pandemic of the H5N1 avian influenza virus led the organization to convene a large meeting of experts in 2005. Among other things, the experts recommended simplifying the staging system.

A number of doctors ask why health agencies do not declare seasonal influenza a pandemic when it spreads around the world.

But Dr. Osterholm, the Minnesota expert, said that "you can't use the terminology for just worldwide transmission, because if you did that, you would say every seasonal flu year is a pandemic." "To me," he continued, "a pandemic is basically a new or novel agent emerging with worldwide transmission."

Dr. Keiji Fukuda, an influenza expert who is an assistant director-general at the W.H.O., said in an interview that "as difficult as things are right now," the problem of defining a pandemic and communicating risk "would be magnitudes worse and more confusing" if the agency had not dealt with AIDS, SARS and avian influenza.

Those experiences prompted new international health regulations and pandemic plans, and allowed critical scientific information to be disseminated quickly, he said.

The process was "painful, sure," he said. "But you can't really do anything like this without having some amount of pain."

Протокол

Протокол совещания представителей государств – участников СНГ
для выработки совместных мер по недопущению распространения вируса гриппа A/H1N1 на территориях государств – участников Содружества Независимых Государств

Москва, 9 июня 2009 года

https://web.archive.org/web/20210411102254/https://41.rospotrebnadzor.ru/content/protokol-protokol-soveshchaniya-predstaviteley-gosudarstv-uchastnikov-sng-dlya-vyrabotki-0

В соответствии с Протокольным решением Совета глав правительств Содружества Независимых Государств от 22 мая 2009 года в Москве на базе Федеральной службы по надзору в сфере защиты прав потребителей и благополучия человека проведено совещание представителей государств – участников СНГ по выработке совместных мер по недопущению распространения вируса гриппа A /H1N1 на территории государств – участников СНГ.

В совещании приняли участие представители от Республики Армения, Республики Беларусь, Республики Казахстан, Республики Молдова, Российской Федерации, Республики Узбекистан, Исполнительного комитета СНГ, а также руководители ведущих российских научно-исследовательских учреждений, занимающихся изучением гриппа (список участников прилагается).

Совещание проходило под председательством Г.Г. Онищенко, Руководителя Федеральной службы по надзору в сфере защиты прав потребителей и благополучия человека, Главного государственного санитарного врача Российской Федерации.

В соответствии с программой совещания были заслушаны доклады и информационные сообщения руководителей ведущих российских научно-исследовательских учреждений, занимающихся изучением гриппа, представителей государств – участников СНГ о мерах, предпринимаемых соответственно в Российской Федерации и странах Содружества по недопущению распространения вируса гриппа A/H1N1.

По результатам обмена мнениями с учетом предложений представителей государств – участников СНГ по данной проблеме и согласно Протокольному решению Совета глав правительств СНГ от 22 мая 2009 года о ситуации, связанной с угрозой распространения вируса гриппа A/H1N1, участники совещания решили:

Подписать решение о мерах по недопущению распространения на территории государств – участников Содружества Независимых Государств вируса гриппа A/H1N1 (прилагается).

Отметить усилия государств – участников СНГ по координации мер противодействия угрозе пандемии гриппа A/H1N1 в рамках Содружества Независимых Государств, а также весомый вклад и готовность Российской Федерации продолжить активную работу в данном направлении.

Просить Исполнительный комитет СНГ проинформировать об итоговых документах совещания Экономический совет СНГ 19 июня 2009 года в г. Кишиневе.

По поручению участников совещания протокол подписал Г. Онищенко.

Председатель совещания, Руководитель Федеральной службы по надзору в сфере защиты прав потребителей и благополучия человека, Главный государственный санитарный врач Российской Федерации Г. Онищенко

КОМСОМОЛЬСКАЯ ПРАВДА RU

Евгений Черных

«Свиного гриппа нет! Мы его придумали, господин президент!»

Комсомольская Правда, 11 июня 2009, 6:00
https://www.kp.ru/daily/24309.3/502296/

Мы уже разобрали популярную версию, кто пугает мир – заговор фармацевтов (см. «Нас будут кошмарить свиным гриппом до 2016 года» от 4 июня с. г.). Испугавшись птичьего гриппа, около сотни стран закупили лекарство тамифлю на миллиарды долларов на случай пандемии. России в том списке нет. Но пандемии не случилось. А у лекарства заканчивается срок годности. Катастрофа! Но тут появляется свиной грипп. ВОЗ вновь пугает нас смертоносной пандемией и объявляет тамифлю единственным средством от новой напасти. Рекомендовано продлить срок его годности с 5 до 7 лет, т. е. реанимировать просроченные запасы. Выяснилось, что за швейцарской фирмой, выпускающей панацею, стоит хозяин лекарства - заокеанский «Гилеад» (входит в первые 50 фармкомпаний мира). У него патент до 2016 года.

«Ястреб» заработал на курах миллионы

Знакомьтесь, Дональд Рамсфелд. Официально вошел в историю США как дважды хозяин Пентагона. В перерыве между делами военными занимался лекарствами. Возглавляемый им «Гилеад» и создал принципиально новый противогриппозный препарат из группы так называемых «ингибиторов нейраминидазы».

Вообще-то первооткрыватели - австралийские ученые. Они выдвинули теорию блокирования нейраминидазы - поверхностного белка вируса гриппа, отвечающего за способность вирусной частицы проникать в клетку человека и выходить из нее после размножения. Воплотить идею в конкретное лекарство взялась местная фирма «Биота». Подключив к работе английский «Глаксо Веллком» (входит в первую тройку мировых гигантов фармацевтики). В «Гилеаде» прослышали про идею и срочно занялись разработкой своего препарата. Началась гонка! Англо-австралийский тандем создал релензу в виде спрея. Американцы – аналогичную тамифлю в капсулах и тут же продали права швейцарской «Ля Рош». На рынке лекарства появились в 1999 году. Производством занимаются гиганты фармацевтики, а держатели патентов «Биота» и «Гилеад» получают проценты с продаж. ВОЗ считает оба препарата эффективными от гриппа, но пропагандирует тамифлю.

В 2001 году глава «Гилеада» вновь возглавил Пентагон. Но остался крупнейшим держателем акций фирмы. Когда началась мировая «птичья» паника и спрос на тамифлю рванул вверх, возник небольшой скандальчик. Вроде бы Рамсфелд продал акции на $5 млн., оставив у себя ценных бумаг еще на $25 млн. А крупному государственному мужу негоже зарабатывать на панике! Рамсфелд оправдывался, дескать, он советовался в высоких инстанциях, даже с президентом, криминала нет. Но осадочек остался.

Тогда же черная кошка пробежала между «Гилеадом» и «Ля Рош». Американцы собрались забрать назад лицензию на золотое яичко. Якобы швейцарцы слабо занимаются продвижением. Как утверждали злые языки, такие претензии обычно предъявляют, чтобы слупить с партнера большую долю с продаж. Грех не воспользоваться паникой! Поскольку все утряслось, похоже, «Гилеад» добился своего. По слухам, отчисления поднялись до 20%. Доходы Рамсфелда выросли. Да и с акций оставшихся капает.

Почему молчит Кудрин

Спасибо Геннадию Онищенко! Его заявление, что Всемирная организация здравоохранения (ВОЗ) стала отделом маркетинга одного лишь противогриппозного лекарства, хотя есть и другие, дало толчок расследованию. Я быстро вычислил, что следы ведут за океан. На этом все застопорилось. Ясно же, Рамсфелд не мог публично повлиять на раскрутку своего золотого яичка. Из-за акций и то скандал вспыхнул! Единственное, что смог шеф Пентагона, - купить тамифлю на $70 млн. для своей армии. Но ежу понятно: ВОЗ в одиночку не могла принудить глав государств делать стратегические закупки. Не тот масштаб!

Главный маркетолог М. Чен тогда была лишь помощником гендиректора ВОЗ. Требовалось орудие более мощного калибра! Я долго рылся в Интернете, ища недостающее звено. И вот, в который раз просматривая «поросячью» хронику, обратил внимание: Всемирный банк (ВБ) выделил Мексике на борьбу с болезнью свыше $200 млн. кредита, в том числе на закупку лекарств. «Так вот же оно, главное звено», – сверкнуло в голове. Вернулся в эпоху «птичью». Так и есть, рядом с ВОЗ на всех пандемийных мировых форумах фигурировал ВБ. Как, извиняюсь, шерочка с машерочкой. Госпожа Чен с главой ВБ Вулфовицем в унисон пугали планету. Китаянка – миллионами смертей, американец – миллиардами, триллионами убытков. Он настойчиво призывал собирать деньги на борьбу с грядущей заразой, минимум $1,2 млрд: «Пандемия птичьего гриппа опасна не только для здоровья и жизни людей, но и для глобальной экономики! Инвестируя в борьбу с птичьим гриппом, мы инвестируем в более безопасное будущее!»

Вулфовиц - действительно авторитет для президентов и премьеров. И сам, и его банк.

Деньги в нынешнем мире решают все! Как и банки. Жаль, Кудрин не последовал примеру Онищенко, не намекнул на отраслевое мировое ведомство. Он же лично обсуждал с Вулфовицем «птичью проблему», выделил от России свыше $40 млн. на общее дело борьбы за спасение человечества. Из-за молчания Кудрина мое расследование и затянулось.

Операция «Дырявый носок»

Рамсфелда, друзья, вы знать не обязаны. Разве что генералы. Но Вулфовица, я уверен, знают все.

Не напрягайте память! Это бедолага в дырявых носках из турецкой мечети. Вспомнили? Его конфуз освещало ТВ по всему миру! Наша пресса призывала олигархов и чиновников, прожигающих состояния в куршевелях, брать пример с этого скромного человека. Миллиардами ворочает, а на носках экономит! Капиталистический аналог ленинского наркома Цюрупы, который падал в голодный обморок, имея под рукой все продовольствие республики.

Представляю, как смеялись авторы пиар-акции «Дырявый носок» над околпаченной публикой. Над головой Вулфовица тогда сгустились тучи. Недруги прознали, что он положил своей любовнице в госдепе США очень большое жалованье за счет конторы. $193 тысячи в год. У самой главы госдепа К. Райс на $7 тысяч меньше. Дырявые носки, однако, не помогли щедрому любовнику. Пришлось уйти в отставку.

Нас в этой любовной истории интересует другое. До прихода во Всемирный банк Вулфовиц был замом министра обороны Рамсфелда.

Если уж он любовнице порадел, то как не подсобить начальнику, наставнику?!

С первых дней командования Всемирным банком в 2005 году борьба с птичьим гриппом стала одной из главных задач Вулфовица. Даже президента Буша подключил к операции. Тот трагично объявил, что надвигается страшнейшая угроза, пообещал $3 миллиарда, в том числе на лекарства. После такой грандиозной пиар-атаки не могли не дрогнуть сердца и души глав государств и правительств. Все кинулись закупать тамифлю.

Спросите: зачем Бушу это надо? Главными спонсорами обеих его президентских выборных кампаний были нефтяники и фармацевты. С первыми он рассчитался захватом Ирака, где расположены богатейшие запасы «черного золота» (сам Буш, К. Райс, вице-президент Р. Чейни и ряд других членов его команды пришли в Белый дом из нефтяного бизнеса, где командовали крупными компаниями). А с фармацевтами расплатился нагнетанием «птичьей паники». Тем более что вояки Рамсфелд с Вулфовицем и захватили для него Ирак.

Все вроде встало на свои места. Нас стращают пандемиями, чтобы дать заработать хорошим ребятам. Бизнес есть бизнес. Чего обижаться? Правда, за это полощут ВОЗ с «Ля Рош», оставив за кадром американских парней. Тоже понятно. Отвлекающий маневр, как дырявые носки экс-главы Всемирного банка. Можно ставить точку. Расследование закончено. Сколько ни возмущайтесь, друзья, ситуацию не изменить. Пока у «Гилеада» не закончится срок патента в 2016 году, нас будут кошмарить гриппозными пандемиями. Надо же куда-то сплавлять стратегические запасы. И создавать новые. Производство-то налажено! Курс лечения тамифлю (10 капсул) стоил 50 – 60 баксов. Теперь, говорят, к 80 приближается. Одна азиатская страна попыталась было выпустить дешевый аналог. Но министр здравоохранения США популярно объяснил, что Америка уважает интеллектуальную собственность. Попробуй возрази, когда за патентом на лекарство стоит Пентагон!

У орлов денег - куры не клюют!

Популярная версия - «заговор фармацевтов» - стопроцентно подходит для... обывателя с разрухой в голове. Подумайте, не слишком ли бросается в глаза, что рыльце в пушку у производителей лекарства. Думаю, на это и рассчитывали организаторы операции «Курий дох, свиной удох».

Но не зря в «Роковых яйцах» Булгакова после аналогичного куриного мора в Советской республике появляется странный персонаж с маузером и секретной бумагой из Кремля от загадочного Птахи-Поросюка.

Слишком высокого полета эти две птицы, Рамсфелд с Вулфовицем! Даже не ястребы, как их обзывают политические противники, – орлы! Подобные тому, что увековечен на гербе США. В одной лапе – стрелы для непокорных, в другой – ветвь оливы для покоренных!

Именно «фармацевт» Рамсфелд со своими воспитанниками Чейни, Вулфовицем еще в начале 90-х, после завершения «холодной войны», создал новую доктрину национальной безопасности США, утверждающую мировую гегемонию единственной сверхдержавы. Глава «Гилеада» разработал и программу реанимации «Звездных войн» (опасные для России планы размещения американских ПРО в Чехии и Польше родились в голове мирного фармацевта). Когда Буш-младший пришел в Белый дом, он сразу мобилизовал группу для претворения в жизнь их доктрины. Чейни стал вице-президентом, Рамсфелд - министром обороны, Вулфовиц - его замом. Эти ястребы развязали войну в Афганистане, Ираке. Кстати, министр Рамсфелд провел самые глубокие реформы в американской армии. В первый свой срок перевел ее на профессиональную основу, отказавшись от призыва. Во второй срок «архитектор» борьбы с мировым терроризмом сделал ее более мобильной. Под стать новым задачам мирового жандарма.

И после этого вы поверите, что такие орлы отдадут массу сил, энергии, времени для международной операции «Тамифлю» только ради того, чтобы заработать несколько лишних миллионов? У этих ребят и так, думаю, денег куры не клюют. Продал тот же Рамсфелд соседке по ранчо красотке Джулии Робертс лишнюю землицу – и положил в карман $3,5 миллиона.

Продвинутое биологическое оружие – в массы?

Так для чего же все затевалось? Подсказку поищем в организации «Проект нового американского века» (PNAC). Среди отцов-основателей - все та же троица ястребов. PNAC разработала документ «Восстановление американской обороноспособности». Там есть очень

любопытный пункт про использование биологического оружия массового поражения для целей политической сообразности. Вам страшно? Не пугайтесь, все сформулировано очень изящно. Оказывается, «продвинутые виды биологического оружия, способные воздействовать на конкретный генотип, могут перевести биооружие из сферы террора в область полезного политического инструментария».

Уж не являются ли курячье-поросячьи пандемии тем самым продвинутым биологическим оружием? Очень и очень похоже.

Вернемся, однако, к нашим свиньям.

... Белый дом. Старый президент сдает дела преемнику. В самом конце раскрывает самую главную тайну. «Помните программу прививок от свиного гриппа?» Новый президент медленно кивнул. «Как вы, видимо, понимаете, никакого свиного гриппа не существует. Мы придумали его специально, как предлог, чтобы привить всей стране вакцину от смертоносного яда».

Это не Буш с Обамой. Цитата из повести «Последний порог» У. Мэрфи и Р. Сэпира. Любители детективов знают этих авторов по знаменитой серии «Дестроер» о сверхсекретной организации при президенте США. По сюжету в Штатах умерли люди от неизвестной отравы. Чтобы спасти Америку, решили сделать прививки. Но чтоб не напугать народ, запустили байку про свиной грипп.

Повесть написана еще в 1977-м. По горячим следам реальной трагедии. В 1976-м на военной базе Форт-Дикс заболели 14 новобранцев, один умер. Официально объявили, что свирепствует свиной грипп. (Тот самый H1N1, которым нас вновь пугают сегодня.) Мол, он уничтожит полстраны. Паника! Президент Форд срочно выделил на создание вакцины $135 млн. Правда, эпидемия заглохла сама, так и не начавшись, но 40 миллионов американцев привили от свиного гриппа. Тысячи получили от побочных действий вакцины нервные расстройства, кого-то парализовало. 32 человека умерли. Авторы детектива намекнули на странности вакцинации и самого гриппа.

Меня больше в этой истории заинтересовала фамилия реального министра обороны, у которого заболели новобранцы. Рамсфелд.

Форд вскоре проиграл выборы Картеру. Передал дела (точь-в-точь как в детективе). Вместе с ним ушел и Рамсфелд. В фармацевты.

Уж не была ли то репетиция второго пришествия свиного гриппа в 2009-м, но уже в мировом масштабе? Только вместо поголовной вакцинации нам всем навязывают одно-единственное лекарство, разработанное фирмой Рамсфелда.

А знаете ли вы, как называется по науке нынешний свиной (он же мексиканский) грипп? «Калифорния 04/2009»! По месту, где его определили лабораторно.

В Калифорнии находится и штаб-квартира рамсфелдовского «Гилеада».

Продолжение расследования - в следующем номере еженедельника (18.06.23)

World Health Organization

Dr Margaret Chan
Director-General of the World Health Organization

World now at the start of 2009 influenza pandemic

Geneva, WHO, 11 June 2009

https://web.archive.org/web/20090611173204/http://www.who.int/mediacentre/news/statements/2009/h1n1_pandemic_phase6_20090611/en/index.html

Ladies and gentlemen,

In late April, WHO announced the emergence of a novel influenza A virus. This particular H1N1 strain has not circulated previously in humans. The virus is entirely new. The virus is contagious, spreading easily from one person to another, and from one country to another. As of today, nearly 30,000 confirmed cases have been reported in 74 countries. This is only part of the picture. With few exceptions, countries with large numbers of cases are those with good surveillance and testing procedures in place.

Spread in several countries can no longer be traced to clearly-defined chains of human-to-human transmission. Further spread is considered inevitable. I have conferred with leading influenza experts, virologists, and public health officials. In line with procedures set out in the International Health Regulations, I have sought guidance and advice from an Emergency Committee established for this purpose. On the basis of available evidence, and these expert assessments of the evidence, the scientific criteria for an influenza pandemic have been met.

I have therefore decided to raise the level of influenza pandemic alert from phase 5 to phase 6.

The world is now at the start of the 2009 influenza pandemic. We are in the earliest days of the pandemic. The virus is spreading under a close and careful watch.

No previous pandemic has been detected so early or watched so closely, in real-time, right at the very beginning. The world can now reap the benefits of investments, over the last five years, in pandemic preparedness. We have a head start. This places us in a strong position. But it also creates a demand for advice and reassurance in the midst of limited data and considerable scientific uncertainty.

Thanks to close monitoring, thorough investigations, and frank reporting from countries, we have some early snapshots depicting spread of the virus and the range of illness it can cause. We know, too, that this early, patchy picture can change very quickly. The virus writes the rules and this one, like all influenza viruses, can change the rules, without rhyme or reason, at any time.

Globally, we have good reason to believe that this pandemic, at least in its early days, will be of moderate severity. As we know from experience, severity can vary, depending on many factors, from one country to another.

On present evidence, the overwhelming majority of patients experience mild symptoms and make a rapid and full recovery, often in the absence of any form of medical treatment. Worldwide, the number of deaths is small. Each and every one of these deaths is tragic, and we have to brace ourselves to see more. However, we do not expect to see a sudden and dramatic jump in the number of severe or fatal infections.

We know that the novel H1N1 virus preferentially infects younger people. In nearly all areas with large and sustained outbreaks, the majority of cases have occurred in people under the age of 25 years.

In some of these countries, around 2% of cases have developed severe illness, often with very rapid progression to life-threatening pneumonia. Most cases of severe and fatal infections have been in adults between the ages of 30 and 50 years. This pattern is significantly different from that seen during epidemics of seasonal influenza, when most deaths occur in frail elderly people.

Many, though not all, severe cases have occurred in people with underlying chronic conditions. Based on limited, preliminary data, conditions most frequently seen include respiratory diseases, notably asthma, cardiovascular disease, diabetes, autoimmune disorders, and obesity.

At the same time, it is important to note that around one third to half of the severe and fatal infections are occurring in previously healthy young and middle-aged people.

Without question, pregnant women are at increased risk of complications. This heightened risk takes on added importance for a virus, like this one, that preferentially infects younger age groups.

Finally, and perhaps of greatest concern, we do not know how this virus will behave under conditions typically found in the developing world. To date, the vast majority of cases have been detected and investigated in comparatively well-off countries.

Let me underscore two of many reasons for this concern.

First, more than 99% of maternal deaths, which are a marker of poor quality care during pregnancy and childbirth, occurs in the developing world.

Second, around 85% of the burden of chronic diseases is concentrated in low- and middle-income countries.

Although the pandemic appears to have moderate severity in comparatively well-off countries, it is prudent to anticipate a bleaker picture as the virus spreads to areas with limited resources, poor health care, and a high prevalence of underlying medical problems.

Ladies and gentlemen,

A characteristic feature of pandemics is their rapid spread to all parts of the world. In the previous century, this spread has typically taken around 6 to 9 months, even during times when most international travel was by ship or rail. Countries should prepare to see cases, or the further spread of cases, in the near future. Countries where outbreaks appear to have peaked should prepare for a second wave of infection. Guidance on specific protective and precautionary measures has been sent to ministries of health in all countries. Countries with no or only a few cases should remain vigilant.

Countries with widespread transmission should focus on the appropriate management of patients. The testing and investigation of patients should be limited, as such measures are resource intensive and can very quickly strain capacities.

WHO has been in close dialogue with influenza vaccine manufacturers. I understand that production of vaccines for seasonal influenza will be completed soon, and that full capacity will be available to ensure the largest possible supply of pandemic vaccine in the months to come. Pending the availability of vaccines, several non-pharmaceutical interventions can confer some protection.

WHO continues to recommend no restrictions on travel and no border closures.

Influenza pandemics, whether moderate or severe, are remarkable events because of the almost universal susceptibility of the world’s population to infection.

We are all in this together, and we will all get through this, together.

Thank you.

Jennifer Nuzzo

A Closer Look at WHO Pandemic Declaration 2009 H1N1 Influenza Issue Brief

Clinicians' Biosecurity News, John Hopkins, 11 June 2009
https://web.archive.org/web/20200423183255/https://www.centerforhealthsecurity.org/cbn/2009/2009-SW-H1N1-Issue-Briefs/2009-06-11-A_Closer_Look_at_WHO_Pandemic_Declaration.html

On June 11, 2009, the World Health Organization (WHO) officially declared that the 2009 H1N1 virus had reached pandemic status, or Pandemic Alert Phase 6.[1] U.S. Centers for Disease Control and Prevention (CDC) Director Thomas Frieden noted at a June 11, 2009, press conference that the declaration of a pandemic does not indicate a change in severity of the 2009 H1N1 virus, but rather describes what health officials have observed for several weeks – that transmission of the virus is occurring across the globe.[2]

The WHO pandemic alert phases were initially outlined in WHO's 2005 global influenza preparedness plan. The 2005 plan made recommendations for international and national measures to be taken during each of the 6 phases of pandemic alert. However, in April 2009, WHO revised its pandemic plan and alert scale to reflect "advances in many areas of preparedness and response planning" that have occurred since 2005, including "increased understanding of past pandemics, strengthened outbreak communications, greater insight on disease spread and approaches to control, and increasingly sophisticated statistical modeling of various aspects of influenza".[3]

A brief overview of WHO's 2009 pandemic alert levels is provided below:

Phase 1: Influenza viruses may be circulating among animals, but there are no reports of such viruses causing infections in humans.

Phase 2: An animal influenza virus has caused infection in humans.

Phase 3: An "animal or human-animal influenza reassortant virus has caused sporadic cases or small clusters of disease in people, but has not resulted in human-to-human transmission sufficient to sustain community-level outbreaks." WHO notes that in some circumstances, limited human-to-human transmission of this virus may occur (eg, between "infected person and unprotected caregiver"), but transmission does not appear to be sustained beyond those circumstances.

Phase 4: An "animal or human-animal influenza reassortant virus that is capable of human-to-human transmission has caused verifable 'community-level outbreaks'." WHO notes that "Phase 4 indicates a significant increase in risk of a pandemic but does not necessarily mean that a pandemic is a forgone conclusion."

Phase 5: An animal or human-animal influenza reassortant virus has caused human-to-human transmission in at least 2 countries in 1 WHO region. WHO notes that while "most countries will not be affected at this stage, the declaration of Phase 5 is a strong signal that a pandemic is imminent and that the time to finalize the organization, communication, and implementation of the planned mitigation measures is short."

Phase 6 [PANDEMIC PHASE]: In addition to meeting the criteria of Phase 5, an animal or human-animal influenza reassortant virus has caused community outbreaks in humans in at least 2 WHO regions.[4]

Figure: Illustration of WHO Pandemic Influenza Phases (2009) ...

The new pandemic plan recommends actions according to groups of pandemic alert phases. For example:

- For Phases 1-3, WHO describes a set of actions that are aimed at overall strengthening of pandemic preparedness response capacities at local, national, regional, and global levels.
- For Phase 4, WHO recommends actions for containing a new virus "within [a] limited area" or for delaying its spread.
- For Phases 5-6, WHO's recommendations switch from preparedness to focus on response "at a global level to reduce the impact of a pandemic."[3']

It is encouraging that WHO revised its 2005 pandemic plan to accommodate new evidence. However, even under the new system of pandemic alert phases, WHO's declaration that 2009 H1N1 has reached pandemic status is not likely to change action at the national level, particularly in those countries that have been dealing with widespread outbreaks of the illness for many weeks.

In the United States, cases of 2009 H1N1 have been reported by 52 states and territories. As of June 11, WHO reported that there have been 28,774 cases of 2009 H1N1 infection and 144 deaths reported by 74 countries.[5] As WHO points out, the reported number of cases and extent of spread are likely a gross underestimate of the true extent of illness. Many countries continue to consider travel to North America in their case definitions, which would not capture cases resulting from community-wide transmission. Other countries, including the U.S., in an effort to conserve laboratory resources, encourage testing only severe cases. Focusing surveillance efforts on severe cases would likely miss the majority of 2009 H1N1 cases that experience mild symptoms and make a full recovery, often without seeking medical attention. Finally, in many parts of the world laboratory capacity is not sufficient to perform on even a limited scale the laboratory tests necessary to confirm 2009 H1N1 infection.[1]

In a recent report, the Trust for America's Health, the Robert Wood Johnson Foundation, and the Center for Biosecurity urged WHO and member nations to reevaluate their approaches to managing pandemic influenza in light of evidence from the outbreaks of 2009 H1N1.[6] Specifically, the report pointed out that WHO's 2005 pandemic alert phases caused confusion and did not address the fact that the 2009 H1N1 outbreaks were relatively mild.

It is critically important that both scientific evidence and operational feasibility be key determinants of pandemic response. WHO recognizes that during a pandemic, individual countries will make decisions regarding the control of the virus based on local conditions; however, WHO strongly urges that countries' response be evidence based.7 To that end, we feel that it is important to point out that, based on what is known about 2009 H1N1, WHO recommends that countries DO NOT employ the following actions during the pandemic:

- "Pandemic-related international border closures for people and/or cargo.
- General disinfection of the environment during a pandemic.
- The use of masks in the community by well persons.
- The restriction of travel within national borders during a pandemic, with the exception of a globally led rapid response and containment operation, or in rare instances where clear geographical and other barriers exist."[3]

We strongly support WHO's recommendation against these measures, as there is no compelling evidence to support their effectiveness or practicality in the current situation. It is critically important that WHO and member nations continue to consider all available data in responding to this pandemic.

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THE LANCET

Right-to-health responsibilities of pharmaceutical companies. Editorial

The Lancet, 5 May 2009 / 13 June 2009, 373 (9680): p. 1998
DOI:https://doi.org/10.1016/S0140-6736(09)61090-4

Almost 2 billion people worldwide lack access to essential medicines. The human rights responsibility to improve access lies mainly with the state. However, non-state actors, such as the pharmaceutical industry, share that responsibility too. On June 3, a UN independent human rights report on the practices and policies of GlaxoSmithKline (GSK) in relation to their right-to-health responsibilities and access to medicines was presented to the UN Human Rights Council. It is the first time that such a mission on a pharmaceutical company has ever been done. GSK should be commended for subjecting themselves to the process.

In 2008, Paul Hunt, UN Special Rapporteur on the right to highest attainable standard of health (2002–08), prepared human rights guidelines for the pharmaceutical industry that addressed transparency, management, monitoring and accountability, pricing, and ethical marketing. Recommendations from Hunt's recent GSK report in these areas will apply to other companies and include: greater transparency to ensure access to reliable information about medicines; greater accountability in relation to right-to-health standards, such as wider access to medicines especially for marginalised populations; and finally, as patent holders of life-saving medicines, to make the medicine as accessible as possible, as soon as possible, to all those in need within a viable business model. More specifically, companies should favour using commercial voluntary licences.

GSK was uncomfortable with the recommendations. It insisted that the right to health is not well-defined for non-state actors, and hence they cannot be held accountable to this international human right. On the contrary, both UN reports set out with reasonable precision how the right to health, in the international code of human rights, applies to the pharmaceutical industry, and both move from broad statements of principle to much more specific, operational requirements.

Pharmaceutical companies help deliver the right to health. They save lives. But with this role comes responsibilities – and companies must be better held to public account in relation to those responsibilities. The 2008 guidelines and the GSK report move us closer to that goal.

For GSK response see
http://198.170.85.29/GSK-response-to-Paul-Hunt-report-June-2009.pdf (deleted)

Los Angeles Times

Michael Fumento

WHO's flu

Los Angeles Times, 14 June 2009, 12 AM // 9, p. 21.
https://www.latimes.com/archives/la-xpm-2009-jun-14-oe-fumento14-story.html

How bizarre! The World Health Organization has declared swine flu a "pandemic," signaling governments worldwide to launch emergency response plans.

The mildest pandemics of the 20th century killed at least a million people worldwide, according to the WHO's data, while old-fashioned seasonal flu strikes every nation yearly and kills an estimated 250,000 to 500,000. As of Thursday, when the pandemic was declared, H1N1 swine flu had killed only 144 people total – fewer than succumb daily to seasonal flu annually. And in Mexico, where the outbreak began and where it has been the most severe, cases peaked quickly, in just four weeks.

A pandemic declaration will be costly when we can least afford it and could prompt severe restrictions on human activities (think China). Perhaps most important, such a declaration could render the term "flu pandemic" essentially meaningless – risking lethal public complacency if a bona fide one hits.

So how can the WHO say swine flu qualifies as a pandemic? And why?

The WHO definition for "influenza pandemic" once required "several, simultaneous epidemics worldwide with enormous numbers of deaths and illness." But in 2005, it promulgated a definition that virtually ignores the number of cases and completely ignores deaths. Now it requires "sustained chains of human-to-human transmission leading to community-wide outbreaks" in two parts of the world, with this addition: The cause must be an animal or human-animal flu virus; the latter is known as genetic reassortment.

Thus, under this definition, "community-wide outbreaks" of swine flu in two South American countries and somewhere in China could qualify as a pandemic. No deaths required. And a pure human flu that killed 20 million people would not qualify.

The obvious presumption is that viruses with animal genes pose a greater threat. But that's "a matter of faith more than science," says James Chin, a UC Berkeley epidemiologist who was in charge of surveillance and control of communicable diseases at the WHO in the late 1980s.

Indeed, the science indicates the presumption is false. The WHO first warned of an H5N1 avian flu pandemic in 2004, projecting up to 150 million deaths. Yet a 2007 study found H5N1 – though detected in 1959 – was many mutations away from the ability to become readily transmissible among humans.

We're also repeatedly warned that if H5N1 reassorted with human flu, it would produce a combination with the alleged severity of the bird virus and the infectiousness of the human one. Yet a 2006 Centers for Disease Control and Prevention study found the opposite: that a genetically engineered reassortment given to ferrets – the best animal models for human flu – produced milder and less infectious flu than did pure H5N1. Reassortment didn't create a "super flu" but rather a 98-pound weakling.

As to human-pig hybrids, a 1976 New Jersey swine flu outbreak in the dead of winter, when flu is most contagious, infected just 230 soldiers, killing one, on a crowded Army base.

At some level, the WHO knows its definition is faulty. The online "WHO Handbook for Journalists" still states: "A pandemic virus can emerge" by adapting "during human infections." And the WHO has warned that one way avian flu could become pandemic is through a purely human mutation.

But it's also true that the worst influenza pandemic in history, the Spanish flu of 1918-19, did involve an animal-human hybrid virus; that episode has become a popular obsession. Never mind that "each subsequent novel flu that sweeps through the world has been milder," Chin observes. "The public health community keeps waiting for the second coming" of Spanish flu, he says.

So, in 2005, the WHO apparently redefined "flu pandemic" to reflect the popular angst as well as its own.

A less generous observation is that the WHO's "when, not if" avian flu pandemic failed to materialize, and it has now put swine flu in its stead. In her pandemic announcement Thursday, WHO's director-general, Margaret Chan, declared: "The world can now reap the benefits of investments over the last five years in pandemic preparedness." Not really. Swine flu, being no more contagious and far milder than seasonal flu, calls for absolutely no actions that wouldn't apply to seasonal varieties.

"I think they're going to have to go back to the drawing board," says Chin of the WHO definition. For now, we'll pay in told and untold ways because the WHO has cried "havoc" and let slip the dogs of pandemic.

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Swine flu

Deutsche Welle, 15 June 2009
https://www.dw.com/en/first-european-swine-flu-death-confirmed-in-britain/a-4325875

A patient infected with "swine flu" A(H1N1) virus has died in Britain, according to health officials in Glasgow. The patient was one of ten people who were being treated at Scottish hospitals.

Scotland has become the first country in Europe to report a death from the swine flu virus and officials are watching the other nine who are hospitalized.

"With regret, we can confirm that one of the patients who had been in hospital, and had been confirmed as suffering from the A(H1N1) virus, has died today," a statement issued by the Scottish government late Sunday, June 14, said. "The patient had underlying health conditions."

There are around 500 cases in Scotland and more than 1,250 in Britain as a whole.

No cause for panic, officials say

Scottish officials were quick to reassure people that there was no cause for panic and that the person who died had underlying health issues.

"Tragic though today's death is, I would like to emphasize that the vast majority of those who have H1N1 are suffering from relatively mild symptoms," said Scottish Health Secretary Nicola Sturgeon in a statement.

"I would reiterate that the risk to the general public remains low and we can all play our part in slowing the spread of the virus by following simple hygiene procedures - like washing your hands and using tissues when coughing or sneezing," she added.

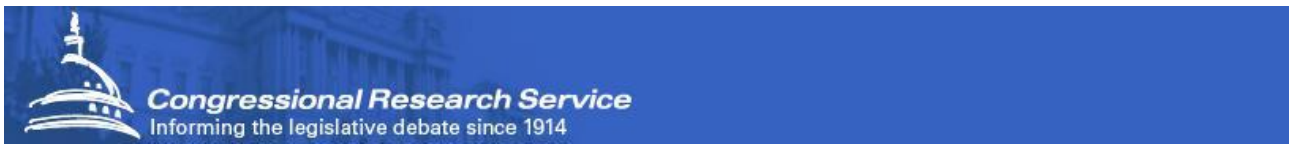
There have been approximately 145 deaths in the Americas, mostly in Mexico, where the disease was first reported, but deaths have been occured in the US and Canada as well.

Cases rise steeply in Germany

The latest report released on Friday from the World Health Organization puts the total number of reported cases at 29,669 in 74 countries.

In Germany, authorities say the number of swine flu cases at a Japanese school in Duesseldorf has risen to 84. According to the Robert Koch Institute, the new infections bring the total number of cases in Germany to 172.

Scientists are currently racing against the clock to develop a vaccine for the virus before winter sets in.



The 2009 Influenza Pandemic: Selected Legal Issues

Congressional Research Service, 15 June 2009
https://web.archive.org/web/20101222101431/http://opencrs.com/document/R40560/2009-06-15/

Summary

On June 11, the World Health Organization (WHO) raised the level of influenza pandemic alert to phase 6, which indicates the start of an actual pandemic. This change reflects the spread of the influenza A(H1N1) virus, not its severity. Although currently the pandemic is of moderate severity with the majority of patients experiencing mild symptoms and making a rapid and full recovery, this experience could change. It is timely to examine the legal issues surrounding this public health threat. This report provides a brief overview of selected legal issues including emergency measures, civil rights, liability issues, and employment issues.

There are a number of emergency measures which may help to contain or ameliorate an infectious disease outbreak. The Public Health Service Act and the Stafford Act contain authorities that allow the Secretary of Health and Human Services and the President, respectively, to take certain actions during emergencies or disasters. While the primary authority for quarantine and isolation in the United States resides at the state level, the federal government has jurisdiction over interstate and border quarantine.

Border entry and border closing issues may arise in the context of measures designed to keep individuals who have, or may have, influenza A(H1N1) from crossing U.S. borders. Aliens with the H1N1 virus can be denied entry, but American citizens cannot be excluded from the United States solely because of a communicable disease, although they may be quarantined or isolated at the border for health reasons.

Airlines have considerable discretion to implement travel restrictions relating to the safety and/or security of flights and other passengers and crew. In addition, the federal government has broad legal authority to regulate and control the navigable airspace of the United States in dealing with incidents involving communicable diseases.

States have authority to initiate other emergency measures such as mandatory vaccination orders and certain nonpharmaceutical interventions such as school closures, which may lessen the spread of an infectious disease.

The International Health Regulations adopted by the World Health Organization in 2005 provide a framework for international cooperation against infectious disease threats. The use of these emergency measures to contain the 2009 influenza pandemic may raise a classic civil rights issue: to what extent can an individuals liberty be curtailed to advance the common good?

The U.S. Constitution and federal civil rights laws provide for individual due process and equal protection rights as well as a right to privacy, but these rights are balanced against the needs of the community. Liability issues may become particularly important during the 2009 influenza pandemic.

The Public Readiness and Emergency Preparedness Act limits liability with respect to the use of countermeasures for pandemic flu or other public health threats. A patchwork of federal and state laws exists which generally operates to protect volunteers, which may include volunteer health professionals (VHPs) under certain circumstances, and there are also laws that trigger liability protection specifically for VHPs.

Questions relating to employment are among the most significant issues presented by an influenza pandemic, since, if individuals fear losing their employment or their wages, compliance with public health measures such as social distancing and isolation or quarantine may suffer. It would seem possible for a court to conclude that the isolation or quarantine of individuals during a pandemic serves the public good and that the termination of individuals who are isolated or quarantined violates public policy. Employees may also have some job protection under the Family and Medical Leave Act.

Available Versions

- October 29, 2009
- October 08, 2009
- September 01, 2009
- August 11, 2009
- June 15, 2009
- May 21, 2009
- May 06, 2009

Science

Yudhijit Bhattacharjee

Unlogged Pathogen Samples Found at Fort Detrick

Science, 17 June 2009.
https://www.science.org/content/article/unlogged-pathogen-samples-found-fort-detrick

A 4-month effort to inventory the contents of freezers and refrigerators at the United States Army Medical Research Institute of Infectious Diseases (USAMRIID) in Fort Detrick, Maryland, has turned up 9,220 vials of dangerous pathogens and toxins that were not listed in USAMRIID's database.

USAMRIID officials announced at a press conference today that the institute has resumed all of its research activities, which were suspended in early February to enable a complete accounting of select agents at the premier biodefense lab. The institute has been under intense public scrutiny since last summer when the Federal Bureau of Investigation's implicated former USAMRIID researcher Bruce Ivins in the 2001 anthrax letter attacks.

The labs at USAMRIID house more than 70,000 vials of select agents and toxins, including samples of Ebola, anthrax, and other deadly germs. Officials decided to conduct a full inventory of the materials after researchers found four vials of Venezuelan Equine Encephalitis in a freezer that had never been entered into the institute's electronic database, created in 2005. They turned out to be just the tip of the iceberg. The inventory showed that 13% of the vials at the institute were not in the database, which officials had been using to keep track of materials.

Most of the unlisted vials were materials left behind by researchers who had left the institute before 2005, Col. Mark Kortepeter, USAMRIID's deputy commander, told reporters at today's press conference. "The vast majority of these were working stocks that had accumulated over several decades," he said, explaining that the initial inventory for the electronic database 4 years ago had focused on vials that were in active use. Kortepeter said it was very "unlikely" that any unlisted vials had been lost or stolen.

About half of the 9220 vials were destroyed after scientists determined that the materials in them were of limited scientific value, Kortepeter said. The rest were added to the database. The institute plans to conduct a 100% inventory every year from now on, he said.

КОМСОМОЛЬСКАЯ ПРАВДА .RU

Евгений Черных

Америка пугает нас гриппом, чтобы подчинить себе мир?

Комсомольская Правда, 18 июня 2009, 6:00
https://www.kp.ru/daily/24312.3/505167/

ВОЗ объявила-таки пандемию свиного гриппа. Многие уверены, что паника выгодна лишь фармацевтам. Называют швейцарскую фирму и ее «чудо-препарат». Однако истинные хозяева панацеи остаются в тени. За океаном. И получают свою часть прибыли за каждую проданную дозу. Но слишком серьезные это люди, чтобы просто погреть руки на лекарстве. Это они разработали и проводили в жизнь доктрину нового мирового порядка XXI века, где командовать парадом должна одна известная супердержава. Уж не идет ли речь о новом биологическом оружии? (См. еженедельники «КП» от 4 и 11 июня с. г.)

Лаборатории смерти на курьих ножках

Слухи о том, что свинская болезнь родилась в секретных лабораториях, возникли в первые дни. По миру разлетелась страшилка про избушки на курьих ножках в латиноамериканской сельве, где самоучки якобы колдуют над биооружием. Прозрачный намек на Мексику, где и объявился кошмарный H1N1. Похоже, утку запустили, чтобы довести ситуацию до абсурда. И нейтрализовать версию рукотворности новой хвори, выдвинутую самим Эдрианом Гиббсом из Университета Канберры!

Я писал уже, что первооткрывателями принципиально нового вида антивирусных лекарств были австралийские ученые. Американский «Гилеад» Д. Рамсфелда подсуетился и создал на основе их открытия свой тамифлю, распиаренный позже ВОЗом как единственная панацея.

Гиббс - из той группы первооткрывателей. Автор более 250 научных работ по вирусам. Создал теорию происхождения вируса печально знаменитой «испанки» из «птичьего» штамма. Так что в теме разбирается. Гиббса смутило, что в геноме нового H1N1 в три-четыре раза больше мутаций, чем в наиболее близких к нему «свинских» штаммах. Чтобы накопить столько генетических отличий, вирус должен циркулировать в природе несколько лет. Однако до апреля он не встречался специалистам.

Гиббс тактично высказал предположение: «Распространение свиного гриппа могло стать результатом ошибки персонала лаборатории, непреднамеренно и без какого-либо злого умысла допустившего смешение нескольких разнородных штаммов гриппа в одной культуре, а затем и случайную утечку образовавшегося в результате нового вируса». Он подготовил научную статью, чтобы вызвать дискуссию: «Чем быстрее мы разберемся в этом, тем более безопасным будет дальнейшее развитие событий». Дискуссии не получилось. ВОЗ, ссылаясь на своих экспертов, срочно опровергла Гиббса.

Зато министр здравоохранения Индонезии Сити Супари злой умысел увидела: вирус создан искусственно в лабораториях генной инженерии западных стран, чтобы увеличить прибыли фармацевтических компаний. А комбинация его свойств вызывает подозрения, что это биологическое оружие.

Прогрессивная общественность откровенно издевается над этой версией. Странное оружие - мягкое, неагрессивное! Заразность и смертность от свиного гриппа даже ниже, чем от обычного. Создавать биооружие слабее «неоружия» - глупо.

А может, как раз слабенькое на фоне привычных болезней «оружие» и нужно в данный момент? Этакий «полезный политический инструментарий», как указывалось в меморандуме «Восстановление американской боеспособности», к которому приложил руку Вулфовиц - экс-глава Всемирного банка, крестный отец грипповушной паники. А знаете, куда он ушел после отставки из Всемирного банка? Возглавил в госдепе США комиссию по международной безопасности. Комиссия та занимается в том числе и оружием массового поражения. Ну а если, не дай бог, где-то создано действительно смертоносное биосредство, о нем не будут трындеть годами. Применят внезапно. Чтобы противник не нашел противоядия и понес великие потери.

Конь с закруткой

- У ветеринаров есть термин «поставить закрутку». Слышали? - огорошил профессор Сергей Кара-Мурза, к которому я пришел искать правду.

- Признаюсь, нет.

- Закрутка - петля из веревки или сыромятного ремня на деревянной рукоятке. Надо подковать строптивого коня? Оттягивают верхнюю губу, накидывают петлю и туго закручивают палкой. Конь дико мучается от боли и с ужасом смотрит на страшную деревяшку. Все внимание на закрутку. Самый буйный жеребец становится покорным. Можно крепить подковы. Подобные закрутки ставят и обществу.

Страх и боль - с древности отработанный эффективный способ контроля над сознанием масс. В Библии найдете массу примеров типа «казни египетской». На войне удалось создать панику в стане противника, считай, победа в кармане.

Но давайте сразу уточним. Есть страх истинный - как ответ на реальную опасность, когда вы делаете выбор: убегать, защищаться, нападать. А есть страх иллюзорный, «невротический» - он создается в воображении, в «виртуальной реальности». Его еще называют неадекватным, паническим. Манипуляторы ловко используют это оружие мнимой или преувеличенной угрозы, чтобы отвлечь народ от реальных опасностей, сделать податливым. Есть даже формула: «Общество, подверженное влиянию неадекватного страха, утрачивает общий разум!» На наших глазах возникает вдруг страх мирового терроризма. Реально риск погибнуть от рук террориста очень невысок. В тысячу раз меньше, чем в ДТП. И тем не менее это общий страх, который рационально мы не можем расшифровать. Terror - ужас. Понятие ввел еще Аристотель для обозначения особого типа ужаса, который овладевал зрителями трагедии в греческом театре. 11 сентября 2001 года весь мир стал зрителем кровавой трагедии «Гибель башен-близнецов». Ее полностью показали в прямом эфире, не раз повторяли. Ужас невероятный, шок!

- Главное, до сих пор не ясно, что там было...

- Не так важно, ЧТО было! Главное, КАК ловко использовали тот ужас, чтобы создать атмосферу всеобщего психоза. Дымовую завесу борьбы с мировым терроризмом, прикрываясь которой США начали утверждать новый мировой порядок после развала СССР. Напали на Афганистан, Ирак. На очереди был Иран. Вот чем обернулся в XXI веке мировой спектакль ужаса по сюжету древнего грека Аристотеля.

- Так вот почему они назвали операцию против Хусейна «Шок и трепет»?!

- Люди-то умные за этим стоят! Когда нужны гигантские геополитические сдвиги, власть имущие мастерски применяют такие жестокие шоковые закрутки.

Неопознанных болезней много

- А есть закрутки помягче, - продолжает профессор Кара-Мурза. - В общество запускают непонятный страх, но дают надежду, что его источник будет усмирен.

Неизвестные хвори для манипуляции сознанием идеальны! Никто ж ничего про них не знает. Такие страсти можно нагнетать! Болезни неизвестного происхождения появляются в мире регулярно. Лихорадки Эболы, Денге, болезнь легионеров... Список можно продолжать. Если нет нужды нагнать страху всемирного, их просто фиксируют. 20 - 30 человек скончались, факт медицинской статистики.

А в нужный момент выдают за угрозу для всего человечества. ВОЗ грозит пандемией. Народ в панике.

Вспомним коровье бешенство. «Болезнь Крейцфелд-Якоба». Очень редкая, поражает 1 человека из миллиона. Лет 10 разрушает мозг. Открыли ее в Новой Гвинее.

- Официально умерли в годы паники около 200 больных. В статистику (1 на 1 000 000) укладывается.

- Но какой подняли шум! Обязали Англию забить миллионы коров! Значит, были веские причины наказать англичан. Позже тот же трюк пытались использовать против французских баранов. Сейчас все стихло. Хотя болезнь-то осталась. Переключились на атипичную пневмонию, потом на птичий грипп, теперь свиной уже правит бал.

Да, такие болезни есть в природе.

Но в подобных пандемических случаях не поддавайтесь всеобщей панике, а трезво рассудите: соответствует ли количество заболевших, умерших масштабам потрясения всего человечества? Вы скажете, каждая жизнь бесценна. Согласен. Почему тогда ВОЗ не объявляет пандемий гриппа обычного, туберкулеза, других действительно опасных болезней для человечества? Задайтесь этим вопросом. От птичьего гриппа за все годы умерли 256 больных. Но каждый год в России гибнут на дорогах 30 тысяч человек. А сколько по всему миру? Почему не бьют тревоги, адекватной нынешней свиной пандемии? Отвечу. Сильные мира сего не заинтересованы, чтобы мы боялись автомобиля. Поэтому нас не пугают изуродованными трупами жертв автоаварий. Когда Генри Форд стал слишком активно разоблачать «засилье евреев», к нему пришли уважаемые люди из Голливуда и популярно объяснили: если он продолжит антисемитскую пропаганду, то в каждом выпуске кинохроники по всей Америке будут показывать жуткие аварии машин марки «Форд». Форд сразу забыл про антисемитизм, отрекся от своей знаменитой книжки про Сион.

- Сергей Георгиевич, ГАИ подготовила шокирующие ролики для водителей, чтобы были осторожны на дорогах. Телевидение отказалось их крутить - слишком, дескать, жестокие. Это при том круглосуточном потоке жестокости, что льется с экранов!
- Я же говорю, раздувать реальные опасности никому не нужно!

Скажи еще спасибо, что живой!

Вместе с профессором стали рассуждать, от чего же нас ловко отвлекают угрозами пандемий новых болезней. Начало птичьего гриппа странно совпало с операцией «Шок и трепет». 2003 год. Пока американская армия побеждала, грипп мало себя проявлял. Но США все глубже увязали в той войне. Знаменитое «иракское досье» оказалось пшиком. Доказательств связи Хусейна с «Аль-Каидой», оружия массового поражения не нашлось. А ведь под этим предлогом Америка и вторглась в Ирак, чтобы наказать мирового террориста. Выходит, обманул Буш мировое сообщество. Начались проблемы и у министра обороны, архитектора войны с Ираком. На родину пошли гробы. Скандал с пытками в тюрьме Абу-Грейб тоже записали на счет главы Пентагона. Тогда Штаты применили свое оружие массового поражения сознания. Буш лично пробил в руководители Всемирного банка Вулфовица, зама министра обороны Рамсфелда. И со всех высоких трибун началось массированное промывание мозгов мировой угрозой птичьего гриппа. Заодно Рамсфелд заработал на чудо-лекарстве. Впрочем, оружие не помогло. Пришлось в конце концов Рамсфелду, Вулфовицу уйти в отставку. А

позже и партия Буша покинула Белый дом. В том числе из-за затянувшейся войны в Ираке. Птичья паника тоже рассеялась.

От чего отвлекает свиной грипп, догадываются многие. От мирового кризиса. А знаете ли вы, как он Обаму выручил? 16 - 17 апреля тот посетил Мексику. А вскоре весь мир услышал про зверский грипп в этой стране. 27 апреля ВОЗ объявляет 5-ю степень тревоги! 28-го Обама выделяет на борьбу с заразой $1,5 млрд. А 29-го стукнуло сто первых дней его президенства. Успехов фактически никаких. Но «страшная болезнь» затмила разговор о его неудачах. Обама герой! В Мексике пожал руку гиду, тот вскоре помер. А к Обаме никакая зараза не пристает! Может, сам Обама и предъявил Мексике черную свиную метку?

А случайно ли объявили летом первую в XXI веке пандемию, не дожидаясь осени? К августу банкротство грозит целому штату. Да какому - Калифорнии! Санитары предупреждают, что опасно появляться в местах массового скопления людей. Можно заразиться. А места массового скопления - демонстрации, митинги протеста. Если доведенные до отчаяния люди все-таки выйдут на улицы, можно объявить карантин. Помните, по телевизору показывали, как в карантинных зонах сжигают коров, курей? На недовольный народ тоже управу найти легко. В рамках демократии, заботясь чисто о здоровье людей. Пандемия - больше трех не собираться, чтоб не заражаться. Сидите по домам, носа не высовывайте! Кризис? Радуйтесь, что от гриппа свиного еще не померли.

- Думаю, что масштаб кампании вызван причинами не медицинскими, а политическими, - говорит философ С. Кара-Мурза. - Чтобы воздействовать на сознание. Фармацевтические компании тоже могут участвовать. Но не они заказали музыку. Это было политическое решение.

Одним махом двух зайцев убивахом!

Есть у «мягкого вирусного оружия» и вторая серьезная цель – экономика. Опять же прислушаемся к Г. Онищенко, разоблачившему маркетологов из ВОЗ. По поводу паники 2005 года он заявил на «Эхе Москвы»: «Это была хорошо спланированная информационная диверсия... Тогда был большой интерес в смысле передела рынков белого мяса». Знаете, когда впервые птичий грипп перышки показал? В 1997-м в Гонконге. Медициной там руководила М. Чен. Та самая, будущий главный маркетолог тамифлю. То был год экономического кризиса «азиатских тигров». Слишком стали подниматься, пришлось Западу щелкнуть выскочек по носу. Экономические санкции плюс уничтоженные куры поспособствовали укрощению тигров. Эпидемия «коровьего бешенства» совпала с проблемами налогов на сельхозэкспорт в Евросоюзе. Коров британских пожгли, вопросы налоговые сняли, бешенство как-то рассосалось.

Атипичная пневмония, птичий грипп 2003 - 2007 гг. - опять удар по Азии. Главным образом по Китаю. Он давно был бельмом на глазу для создателей новой американской доктрины Вулфовица и Рамсфелда. Однако Китай пошатнуть не удалось.

Свиной грипп впервые хрюкнул на другом континенте. Первая версия - месть китайцев американцам за своих кур. Вирус ведь быстро переметнулся из Мексики в США. Но, если посмотреть внимательнее, рыльце в пушку может оказаться у большого соседа Мексики. Зачем решили ее проучить, нанесли жестокий удар по экономике? Поводов много. Еще Буш сооружал вдоль границы великую американскую стену, чтоб оградиться от потока нелегалов. В марте Мексика подняла пошлины на многие товары из США. Гуляет версия про амеро - единую североамериканской валюту, которую Штаты якобы хотят ввести вместо падающего доллара. Канада вроде за, а Мексика возражает. Теперь будет сговорчивее.

- Но, похоже, все эти пандемии - цветочки, - сказал профессор. - Они решают лишь тактические задачи.

- Неужто у организаторов есть еще задача стратегическая?

- Несомненно, - ответил мудрый Кара-Мурза. - И эта ягодка будет очень и очень горькой!

Завершение расследования - в следующем номере еженедельника. (25.06.09)

newsru.com

Китай произвел первую партию вакцины против свиного гриппа

News.ru, 22 июня 2009 г., 15:47
https://www.newsru.com/world/22jun2009/china_5.html

В КНР в понедельник выпущена первая партия вакцины против смертельно опасного вируса A/H1N1 - свиного гриппа. По информации агентства Sina, всего произведено 90 тысяч доз.

Предполагается, что в течение 40-50 дней вакцина пройдет клинические испытания, после чего примерно в сентябре препарат поступит в больницы. До октября будут привиты все представители групп риска, сообщает РИА "Новости".

По мнению экспертов, больше всего подвержены риску заражения гриппом A/H1N1 дети до 7 лет, люди, имеющие хронические заболевания (сердечно-сосудистые и легочные болезни, диабет), а также люди, находящиеся в тревожно-депрессивном состоянии.

Производство вакцины против нового гриппа в Китае началось в начале июня. Изготовлением препарата занимаются 11 фармацевтических предприятий страны. Объем производства планируется довести до 360 миллионов доз в год.

Всего на борьбу с распространением опасной инфекции власти КНР выделили 5 миллиардов юаней (725 миллионов долларов). В Китае зафиксировано уже 737 случаев заражения вирусом гриппа A/H1N1, смертельных случаев пока нет.

Между тем, по последним данным Всемирной организации здравоохранения (ВОЗ), в 95 странах мира официально подтверждены 44287 случаев заболевания людей гриппом A/H1N1. 180 человек скончались.

11 июня ВОЗ впервые более чем за 40 лет официально объявила о введении шестого, максимального уровня угрозы пандемии в связи со стремительным распространением по миру нового вида гриппа. В России официально подтверждены лабораторными анализами три случая заражения A/H1N1.

Россия тоже скоро представит свою вакцину от свиного гриппа

Медики России также готовы в скором времени представить вакцину от нового вируса. Еще в мае они выделили первый в России штамм гриппа A/H1N1, благодаря которому и будет разработана вакцина. На разработку российской вакцины, по оценкам директора Института гриппа РАМН Олега Киселева, уйдет не менее трех месяцев, еще два месяца потребуется на ее испытание и запуск производства. Врачи обещают, что в случае стремительного распространения вируса на территории РФ, препарата хватит всем.

"Что касается вакцины, то здесь особенно чудес никаких нет: на основе традиционного для РФ вируса гриппа A (H1N1) она вырабатывается ежегодно. Сейчас речь идет о том, чтобы привести ее в соответствие с новым высокопатогенным штаммом. Это в состоянии сделать специалисты в России, и мы даже берем обязательства, что постараемся подготовить кандидатную вакцину месяца за три", - сказал Киселев журналистам в понедельник.

По его мнению, Россия столкнется с гриппом A/H1N1 в ноябре этого года, сообщает РИА "Новости". "Вирус гриппа нуждается в сезонной поддержке. Лето - не пора гриппа на территории РФ... В ноябре мы встретим первую реальную волну", - сказал Киселев.

Он напомнил, что к настоящему времени в России подтверждены лишь три случая заболевания гриппом A/H1N1, причем занесенных из других регионов. Также выявлено два случая подозрения на грипп A/H1N1 - в Москве и Петербурге.

Петербургские медики проверяют анализы, взятые у пациента с подозрением на грипп A/H1N1, сообщил Киселев. Он отметил, что в настоящее время петербургские медики продолжают исследовать взятый у пациента биоматериал. "Сейчас материалы расшифровываются. По первым анализам - ситуация сомнительная. Идет повторное исследование", - отметил директор НИИ. Он не смог уточнить состояние здоровья пациента и ему не известно, выписан ли больной из стационара.

Глава НИИ гриппа РАН отметил также, что новые исследования этого вируса, проведенные американским коллегами, "внушают оптимизм". "Он не относится к высокопатогенным", - сказал Киселев. Вместе с тем, по словам главы НИИ, исследователи США подчеркивают, что к группе риска по этому заболеванию относятся те категории граждан, которые имеют серьезные сопутствующие заболевания, например сахарный диабет и сердечно-сосудистые болезни. Этим людям Киселев посоветовал немедленно обращаться к врачу при первых симптомах простуды.

Кроме того, он сообщил, что американские ученые отметили "поразительную чувствительность" к этой болезни людей с избыточны весом. Правда, по его словам, в России и США понятие "избыточный вес" разное, в США к ним относят людей с весом более 120 килограммов. "Я 20 лет занимаюсь этой проблемой и, наверное, первый раз такое объявление в адрес людей с такими проблемам", - сказал Киселев.

The New York Times

Donald G. McNeil Jr.

In New Theory, Swine Flu Started in Asia, Not Mexico

The New York Times, 23 June 2009
https://www.nytimes.com/2009/06/24/health/24flu.html

Contrary to the popular assumption that the new swine flu pandemic arose on factory farms in Mexico, federal agriculture officials now believe that it most likely emerged in pigs in Asia, but then traveled to North America in a human. But they emphasized that there was no way to prove their theory and only sketchy data underpinning it.

There is no evidence that this new virus, which combines Eurasian and North American genes, has ever circulated in North American pigs, while there is tantalizing evidence that a closely related "sister virus" has circulated in Asia.

American breeding pigs, possibly carrying North American swine flu, are frequently exported to Asia, where the flu could have combined with Asian strains. But because of disease quarantines that make it hard to import Asian pigs, experts said, it is unlikely that a pig brought the new strain back West.

"The most likely scenario is that it came over in the mammalian species that moves most freely around the world," said Dr. Amy L. Vincent, a swine flu specialist at the Agriculture Department's laboratory in Ames, Iowa, referring, of course, to people.

The first person to carry the flu to North America from Asia, assuming that is what happened, has never been found and never will be, because people stop carrying the virus when they get better.

Moreover, the officials said, the chances of proving their theory are diminishing as the virus infects more people globally. It has now reached more than 90 countries, according to the World Health Organization. Since some of those people will inevitably spread it to pigs, its history will become impossible to trace.

"To tell whether a pig is newly infected by a human or had the virus before the human epidemic began really can't be done," said Dr. Kelly M. Lager, another Agriculture Department swine disease expert.

The highly unusual virus – which includes genetic bits of North American human, avian and swine flus and Eurasian swine flu – has not been detected in any pigs except those in a single herd in Canada that was found infected in late April.

A carpenter who worked on the farm after visiting Mexico had been thought to have infected the herd. But in mid-June, Canadian health agencies said he was not to blame. The whole herd was culled, and the virus has not been found elsewhere in Canada, as it would have been if it were endemic, since American and Canadian laboratories test thousands of flu samples to help the pork industry develop vaccines.

But a sample taken from a pig in Hong Kong in 2004 was recently found to have a virus nearly matching the new flu. That flu, which had seven of the new flu's eight genome sequences, was noted in an article in Nature magazine on June 11, which called it a "sister virus."

Scientists tracking the virus's lineage have complained that there is far too little global surveillance of flu in swine. Public databases have 10 times as many human and avian flu sequences as they do porcine ones, said Dr. Michael W. Shaw, a scientist in the flu division of the Centers for Disease Control and Prevention, and there are far fewer pig flu sequences from Asia than from North America and Europe, and virtually none from South America or Africa. "Something could have been going on there for a long time and we wouldn't know," Dr. Shaw said.

But national veterinary officials said they knew of no close relatives of the new virus in the large private North American databases, either. That makes it most likely, they said, that it has been circulating in Asia.

The new virus was first isolated in late April by American and Canadian laboratories from samples taken from people with flu in Mexico, Southern California and Texas. Soon the earliest known human case was traced to a 5-year-old boy in La Gloria, Mexico, a rural town in Veracruz.

Because that area is home to hog-fattening operations with thousands of pigs in crowded barns near lagoons of manure, opponents of factory farming were quick to blame the industry.

In May, the Mexican government said it had tested pigs on the Veracruz farms and found them free of the virus. Smithfield Foods, an owner of the farms, and the National Pork Producers Council, the industry's lobbying arm, were quick to publicize that announcement.

But outside veterinary experts still disagree on whether those tests proved anything.

According to Smithfield, Mexican government veterinarians tested snout swabs taken on April 30 and blood samples stored since January.

But since the human outbreak in Veracruz is believed to have started in February, many veterinary experts said testing pig snouts for live virus in April proved nothing. Any pig sick in February would have long since recovered and, since hogs are usually slaughtered at 6 months old, many of those alive in early February would be bacon by April.

But Dr. Greg Stevenson, an expert in swine diagnostics at Iowa State University, said that since flu could persist in a large herd for months, "if it had been there in February, it would probably still be there at the end of April."

The blood tests – in which scientists look for antibodies formed in response to a previous infection – present a different set of problems. Antibodies are much harder to tell apart from one another than viruses are.

A pig that had the new H1N1 flu would come up positive on an antibody test. But so would a pig that had the regular H1N1 swine flu that has circulated since 1930, or even a pig that had been vaccinated against the earlier H1N1 flu – and all the Smithfield pigs routinely get flu shots.

The company said vaccinated pigs could be distinguished from previously ill pigs because illness produced more antibodies.

But outside experts were skeptical. An antibody test specific enough to identify only the new flu strain "would take months to develop, at a minimum, and would require considerable R & D expertise and technology," said Dr. Christopher W. Olsen, a swine flu expert at the University of Wisconsin's veterinary medical school.

The governor of Veracruz has asked the National Autonomous University of Mexico to do its own investigation of industrial hog farming in his state; the work is expected to take months. Carlos Arias, the biochemist leading the team, said he hoped to test all the swab and tissue samples stored by the farms and the national veterinary laboratory.

Congressional Research Service
Informing the legislative debate since 1914

The 2009 Influenza Pandemic
U.S. Responses to Global Human Cases

Congressional Research Service, 23 June 2009
https://crsreports.congress.gov/product/pdf/R/R40588
https://archive.org/details/r-40588

Summary

In April 2009, a novel influenza virus began to spread around the world. The World Health Organization (WHO) refers to the virus as Influenza A(H1N1). The U.S. Centers for Disease Control and Prevention (CDC) and other Administration officials refer to it as 2009 H1N1 flu. Throughout this report, the virus is referred to as H1N1. The virus does not appear to be as lethal as H5N1 avian influenza – which reemerged in 2005 – but is slightly more lethal than seasonal flu. Although the virus has been characterized as a pandemic, researchers can not predict how virulent the virus will be ultimately.

As of June 22, 2009, WHO confirmed that more than 50,000 human cases of H1N1 had occurred in more than 80 countries and territories, including 231 deaths. With the exception of Britain and Australia, all human deaths have occurred in the Americas. About 87% of all deaths have occurred in Mexico (49%) and the United States (38%). The United Nations Food and Agricultural Organization (FAO), the World Organization for Animal Health (OIE), and WHO agree that there is no risk of contracting the virus from consuming well-cooked pork or pork products. WHO asserts that limiting travel and imposing travel restrictions would minimally affect the spread of the virus, but would be highly disruptive to the global community.

The strain of H1N1 circulating the globe is treatable with two antiviral drugs, oseltamivir (brand name Tamiflu®) and zanamivir (brand name Relenza®), though there is no available vaccine. WHO has been maintaining a global stockpile of approximately 5 million adult treatment courses of oseltamivir that were donated by manufacturers and donor countries. This stockpile was initiated after the onset of H5N1 bird flu outbreaks. WHO has already distributed some of the treatments through the WHO Regional Offices and is distributing 3 million treatment courses from the stockpile to developing countries in need.

As of May 18, 2009, the United States had provided more than $16 million to assist countries respond to H1N1 outbreaks. Global responses by U.S. agencies to H1N1 are conducted primarily by CDC and the U.S. Agency for International Development (USAID), though DOD does provide some support to global aid. CDC has sent experts to Latin America and the Caribbean to help the countries strengthen laboratory capacity and train health experts. HHS has already sent 400,000 treatment courses to Mexico, accounting for less than 1% of the total American stockpile. In total, the Administration aims to provide 2 million courses to Mexico. USAID announced on April 28, 2009, that it would provide an additional $5 million to WHO and the Pan American Health Organization (PAHO) for interventions against H1N1 in Mexico and Central America. To date, USAID has provided $6.2 million for international H1N1 assistance. The assistance includes support to FAO for animal surveillance efforts in Mexico and other parts of Central America, and the provision of personal protection equipment (PPE) kits from its avian and pandemic influenza stockpile to prevent first responders from contracting or spreading the disease. In May 2009, it distributed more than 100,000 PPE kits in Mexico City and announced that it had already prepositioned 400,000 PPE kits in 82 countries in preparation of a possible influenza pandemic.

Investments that the United States and other stakeholders have made to prepare for a possible influenza pandemic, and to monitor the spread of other infectious diseases, have been applied to the most recent global response to H1N1. While health experts have made considerable gains against the disease, questions remain. Some health experts are concerned that poorer countries may not yet have the capacity to sufficiently monitor and respond to H1N1. Others warn that H1N1 transmission might accelerate in winter months. Questions still remain about whether the disease can change or reassort, particularly in countries simultaneously contending with H5N1 bird flu cases occur (such as Egypt, Vietnam, and Indonesia). => see the hole documents ...

REUTERS

Marc Jones

German authorities warn of swine flu mutation risk

Reuters, 24 June 2009, 1:25 AM GMT+8
https://www.reuters.com/article/idUSLN125086/

Berlin, June 23 (Reuters) - Germany's federal agency for infectious diseases said on Tuesday there were signs the H1N1 swine flu virus had started to mutate and warned it could spread in the coming months in a more aggressive form.

Experts were concerned about how the flu was developing in Australia and South America, said Joerg Hacker, head of the Robert Koch Institute for infectious diseases.

"It's possible the virus has mutated. In autumn the mutated form could spread to the northern hemisphere and back to Germany," Hacker told a news conference in Berlin.

The World Health Organisation raised swine flu to pandemic status earlier this month. According to its latest figures, more than 230 people have been killed by the flu worldwide from 52,000 confirmed cases, mostly in the United States and Mexico.

Symptoms of swine flu are typically fairly mild, but doctors have said the virus could evolve into something more aggressive.

According to WHO figures, Germany has the third highest rate of swine flu infection in Europe with 275 confirmed cases.

German Chancellor Angela Merkel told the conference that Germany was as prepared as it could be for any surge in cases.

"We are in contact about it internationally," she said. "Now all we have to do is coordinate internationally who should be vaccinated and how we should do it, in case things get worse."

The WHO has advised governments to prepare for a long-term battle against the new pandemic it officially calls A(H1N1).

WHO Director-General Dr. Margaret Chan said recently the virus is currently "pretty stable," but warned it could still change into a more deadly form, perhaps mixing with the H5N1 bird flu virus circulating widely in poultry.

КОМСОМОЛЬСКАЯ ПРАВДА RU

Евгений Черных

Свинский грипп расчистит планету только для избранных?

Комсомольская Правда, 25 июня 2009, 6:00
https://www.kp.ru/daily/24316.3/508884/

Птичий грипп должен был отвлечь мир от войны в Ираке. А свиной - от кризиса. Обозреватель Евгений Черных ищет организаторов вселенской паники.

Что-то слишком часто в последние годы нас пугают смертоносными болезнями, грозящими выкосить планету. Коровье бешенство, атипичная пневмония, птичий грипп. Теперь вот свиной нагрянул. (Начало расследования см. в еженедельниках «КП» от 4, 11 и 18 июня с. г.).

- Каждая страшилка выполняет свою тактическую задачу, - считает профессор Сергей Кара-Мурза.

- Свежий свиной грипп явно отвлекает от мирового финансового кризиса, да и фармацевтам дает заработать. Но это цветочки! У «паникеров» наверняка имеется стратегическая цель. Так что ягодка впереди. И очень горькая.

Вспомнить не могу без слез нитраты и сальмонеллез

- Что же нам уготовано, Сергей Георгиевич? - спрашиваю известного философа.

- Помните в перестройку панику с сальмонеллезом?

- Конечно! Народ боялся есть сырые, вареные яйца. Даже яичницу жарили с двух сторон, изничтожая неведомую бактерию.

- А нитраты? - продолжает допытываться профессор.

- Ну как же! Сам покупал у кооператоров полоски, чтоб в свекле и морковке выявить азотный яд. Вся страна с ума сходила.

- Нитратную страшилку запустил в «Огоньке» поэт Вознесенский. Вся пресса ее подхватила. Мол, абсурдная плановая экономика заставляет колхозников заваливать поля удобрениями. Из удобрений в овощи переходят опаснейшие нитраты. Студенты в столовых едят нитратные винегреты. Советская власть их травит! Это при том, что в самом лучшем, 1988 году в СССР вносили 122 кг удобрений на 1 гектар, а в Голландии, которую нам выдавали за сельхозидеал, - 808 кг. Вот и считайте, в чьих овощах было больше нитратов. Но поток абсурда было не остановить. С овощебаз повезли на свалку лук, морковь. Пьяницы тот лук собирали и отвозили на рынок - хоть кто-то в народе не потерял здравый смысл.

Даже сероводородную страшилку запустили. Дескать, Черное море может вспыхнуть в любой момент. Сам Горбачев на международном экологическом форуме пугал мировое сообщество черноморским пожаром. Море по-прежнему мокрое, а где теперь Горбачев?

- Теперь-то ясно, Сергей Георгиевич, как ловко нас тогда облапошили. Из-за боязни сальмонеллеза в СССР перестали есть курятину. Птицепром рухнул! До сих пор обидно за Томилинскую фабрику, крупнейшую в Подмосковье. Там вместо выращивания кур стали разливать китайское вино. До сих пор льют. А страну завалили заокеанскими «ножками Буша». Когда появился птичий грипп, я сразу раскусил, что это очередной «сальмонеллез» уже мирового масштаба, передел куриных рынков!

- Вот и вам «ножки Буша» напрочь затуманили глаза, - вздохнул мудрый профессор. - Слона-то и не заметили!

- Какого еще слона?

- Однажды поутру все мы проснулись другим народом - неведомыми россиянами в другой, значительно уменьшившейся стране «РФ», с родным спивающимся президентом и чужими «зелеными» деньгами. А главное - с противоположным общественным строем.

Череда тех экологических страшилок преследовала одну цель - «искусственную шизофренизацию сознания». Такой термин ввели психологи, изучавшие эпоху перестройки.

«Шизофренизация» немало поспособствовала тому, что СССР рухнул без единого выстрела со стороны НАТО. Теперь эти опробованные технологии используют уже против всей планеты.

- Кто?

- Победители в «холодной войне».

- А конкретнее?

- Они себя не афишируют. Ходят разговоры про мировое правительство, влиятельные элитные общества банкиров и политиков типа «Бильдербергского клуба». Но разговоры к делу не пришьешь.

- И какая же у них главная цель, если социализм порушили?

- Сами организаторы никогда не скажут. Ну а исполнители - тем более. Потому что не знают. Как не догадывалось про грядущий развал СССР абсолютное большинство советских «зеленых», искренне воевавших за экологию. Кстати, не задумывались, куда после победы демократии подевались все наши «зеленые»? Сельское хозяйство разрушено, овощи, фрукты, прочие продукты везут из-за границы. И никто не меряет нитраты, ядохимикаты, не бьет тревогу, не сражается против превращения Сибири в могильник для мировых ядерных отходов. Разом исчезли «экологи», как ветром их сдуло. Свою задачу выполнили и больше не нужны.

Не буди лихо, пока оно тихо

Вот и замаячила она, тайная мировая закулиса! На душе кошки заскребли. Каюсь, я был бы даже рад, когда б всю свинскую шумиху затеяли для того, чтобы только отвлечь внимание от мирового кризиса, финансистов Уолл-стрит и самого Обамы. (Кстати, официально вирус, который в горячке едва не обозвали мексиканским, именуется «Калифорния 04.2009».) Новая зараза выпала аккурат к славной дате - исходу первых ста президентских дней, затмила провал Обамы. Уж лучше бы фармацевты воду мутили, зарабатывали на своих антивирусных лекарствах... Но, возможно, за ними стоит кто-то помогущественней...

В дни птичьей паники миллионы заработал подлинный хозяин тамифлю Д. Рамсфелд, главный американский ястреб, создатель новой оборонной доктрины США, - я про него уже писал в предыдущих материалах. Но рядом с ним в списочке обогатившихся на курином гриппе акционеров фирмы «Гилеад» - Э. Давиньон, почетный председатель «Бильдербергского клуба». Этот закрытый клуб многие на Западе считают теневым мировым правительством. Вот и Кара-Мурза на этот клуб намекал. Правда, сам господин Давиньон в редких интервью скромно просит не преувеличивать роль «Бильдерберга». Выходит, тайная закулиса открыла свое личико! Значит, жди событий.

Нынешняя тактика весьма схожа с экологической «шизофренизацией сознания» советского народа нитратами, сальмонеллезом, сероводородом и т. д. Союз развалили - принялись за планету. Сначала коровьим бешенством шандарахнули. Затем атипичной пневмонией грохнули по мозгам. Следом птичий грипп в атаку послали. Теперь свинючий громко хрюкает. Кошмарят без передышки.

И добровольные помощники-медики вовсю стараются, забыв про профессиональную этику.

Я присмотрелся внимательно к трем пандемиям XX века.

- 1918 год: «испанка» - 20 миллионов жертв.
- 1957-й: «азиатский грипп» - 2 млн.
- 1968-й: «гонконгский грипп» - 1 млн.

Ага, смертность-то постоянно сокращалась. И значительно. Достижения медицины повлияли, новые лекарства, изобретение антибиотиков, улучшение работы санитарных служб, повышение качества жизни.

От оспы вообще избавились. Радоваться надо успехам медиков, эпидемиологов. В XXI веке, согласно установившейся тенденции, и вовсе должны свести потери до минимума.

Не тут-то было! В 1998-м ВОЗ официально пересматривает масштабы «испанки» - действительно, прежде в число пострадавших от нее записывали и погибших от тифа, и от других болезней. Логично было бы эту цифру уменьшить. Но... по новым данным, число жертв повысилось вдвое, до 40 млн.! И с того момента нас начинают массированно стращать новой гриппозной пандемией покруче 1918 года. От 5 до 150 миллионов возможных жертв, потом вообще до трети человечества! Хотя к моменту перерасчета старых жертв на рынок уже запускали антивирусные лекарства нового поколения - тамифлю и релензу. Появились другие эффективные препараты. Не странно ли, почему ВОЗ вдруг расписывается в полной беспомощности? К чему бы такое целенаправленное запугивание?

Если хилый, сразу в гроб!

Терзаемый сомнениями, я пришел к профессору Владимиру Жданову.

- Владимир Георгиевич, что-то слишком часто нас стали пугать рецидивом «испанки». Уж не готовят ли к третьей мировой войне, неизбежности новых жертв? Два первых мировых кризиса заканчивались войнами.

- Это навряд ли. В третьей мировой победителей не будет, если вести ее обычными средствами. Скорее готовятся претворить в жизнь доктрину золотого миллиарда. Слышали про такую?

- Нет.

- Природные ресурсы, увы, ограничены. Для комфортного американского стандарта проживания в третьем тысячелетии на всех землян их не хватит. Только для 1 миллиарда избранных. Его и назвали золотым. Сюда входят США, Канада, Япония, Израиль, часть Западной Европы. А остальных если и сохранят, то лишь на положении рабов - обслуживать избранных. Вот и вся доктрина. В России оставят несколько миллионов для обслуживания Транссибирской железнодорожной магистрали, кратчайшего пути из Юго-Восточной Азии в Европу. Для работы на самых грязных химических, металлургических производствах. И мировых ядерных могильниках, в которые превратят позже Россию. Им нужны наши природные богатства и просторы, а не люди.

- А не слишком ли это круто? В голове не укладывается! Новая мировая война - понятно. А золотой миллиард?!

- Действительно, люди удивляются: такого быть не может! Почему не может? Кто бы мог представить еще лет 80 назад, что культурная немецкая нация породит фашизм? Этот зверь стал захватывать жизненное пространство, уничтожая «неполноценные народы», пока не сломал шею в России. А чем отличается от фашизма доктрина золотого миллиарда? То же самое, только в более изощренной форме. А кто бы мог представить, что США сбросят атомные бомбы на Хиросиму и Нагасаки?!

Советую всем посмотреть старенький фильм «Мертвый сезон». Там есть документальная хроника из нацистских концлагерей, где использовали биооружие, вакцины. Не только для убийства людей, но и чтобы превратить их в рабов с минимальными потребностями. Поучительный фильм. И нынешняя гриппозная паника может служить прикрытием не только для миллионов смертей. Но и изменения сознания путем навязываемых лекарств. Ведь мы не знаем, что в них на самом деле может входить.

- Что делать?

- Разумные люди страшилок бояться не должны. В основном умирают не от самого гриппа, а от осложнений, обострения уже имевшихся болячек. Значит, прежде всего надо укреплять свое здоровье. Физическое и психическое. Рецепт дан в популярной песне Высоцкого:

Очень вырос в целом мире
гриппа вирус, три-четыре!
Ширится, растет заболевание.
Если хилый - сразу в гроб!
Сохранить здоровье чтоб,
Применяйте, люди...

И дальше список мер: утренняя гимнастика, водные процедуры, приседания, вместо коньяка и кофе - спортпрофилактика.

Если бы Высоцкий сам придерживался этого рецепта, то до сих пор радовал бы нас своими песнями. И про свиной грипп непременно написал бы, как тогда про «гонконгский». Пьянство сгубило талантливого певца.

Мне 60. Я 26 лет назад бросил пить под воздействием лекций академика Федора Углова, занялся всерьез своим здоровьем. Зарядка ежедневная, обливания, правильное питание, никакого алкоголя, никотина. И все, забыл про болезни, врачей, лекарства. Хотя много мотаюсь по стране, миру. Собираю соратников, учу обретать здоровье. Здоровым, крепким людям легче построить в родной стране здоровую экономику, обустроить Россию. И не дать себя сломать пресловутому золотому миллиарду.

Не страшны дурные вести!

Право, не знаю, есть ли на самом деле такая тайная доктрина или золотым миллиардом называют группу богатых стран? Правит ли нами мировая закулиса или известные всем и каждому президенты, премьеры? Главное, что это лишь часть конспирологических версий появления свиного гриппа и связанных с ним загадок. Эти версии будут и дальше множиться, обрастать всякими подробностями. А все потому, что реальные размеры бедствия никак не соответствуют масштабам раздуваемой вокруг него паники. Скорее надуваемого пузыря. А все потому, что время на дворе такое. Время пузырей. Финансовых, рекламных, политических, эстрадных и т. д. Что далеко за примером ходить. Мировой кризис с чего начался? Стали лопаться ипотечные пузыри. А чем медики хуже других граждан? Вот и раздувают панику вокруг странных болезней. Бороться с обычным туберкулезом - работа неблагодарная. Бомжи, заключенные... Совсем другое дело - выявлять специальной аппаратурой на международных авиарейсах пассажиров с повышенной температурой. Публика вся солидная, интеллигентная. И денег на такую борьбу дают немерено. И позиция беспроигрышная. Не случилось птичьей пандемии - заслуга ВОЗ, подчиненных ей эпидемиологических, санитарных служб. Начнет грипп поросячий косить народ - ВОЗ предупреждала, пандемию объявляла. Много жертв, говорите? Мало денег выделили на создание вакцины. Есть еще вопросы?

А то, что находятся люди со стороны, желающие подзаработать на том же гриппе – свиноводы, птицеводы, политики, - ничего странного. Вокруг пузырей в других сферах тоже масса желающих срубить деньжат по-легкому. Время такое. Недаром и кризис возник. Долго еще он будет грохать пузыри.

А нам остается одно: следовать совету Высоцкого из песни про все тот же злополучный грипп:

Не страшны дурные вести,
Мы в ответ бежим на месте.
В выигрыше даже начинающий...
Так побежали за здоровьем!

newsru.com

Гендиректор ВОЗ в Москве поведала об опасностях мутации свиного гриппа с птичьим время публикации

News.ru, 25 июня 2009 г., 21:40
https://www.newsru.com/russia/25Jun2009/crossing.html

В мире пока не отмечается мутации нового вируса гриппа A/H1N1, но медики всего мира должны быть бдительными, поскольку вирусы гриппа непредсказуемы и обладают высокой способностью к мутации, заявила гендиректор Всемирной организации здравоохранения (ВОЗ) Маргарет Чен журналистам в Москве.

Поэтому, отметила Чен после встречи с министром здравоохранения и социального развития России Татьяной Голиковой, необходимо продолжать наблюдение за поведением нового гриппа H1N1 в странах Южного полушария на предмет взаимодействия вируса с обычным сезонным гриппом. Пока, по словам гендиректора ВОЗ, таких случаев не отмечалось, сообщает "Интерфакс".

Кроме того, есть опасения, что вирус H1N1 (который называют свиным гриппом) может столкнуться с более опасным штаммом гриппа - H5N1 (называемым птичьим гриппом. "Может произойти перекрестное взаимодействие H1N1 с птичьим гриппом H5N1, особенно в странах, где есть вспышки птичьего гриппа", - отметила Чен.

"До сих пор мы не обнаружили никаких признаков того, что штаммы H5N1 и H1N1 каким-то образом перекрещиваются", - подчеркнула глава ВОЗ.

Чен также отметила, что в настоящее время в ряде стран, в том числе в России в тесном сотрудничестве с ВОЗ, ведется разработка вакцины против гриппа H1N1. Гендиректор ВОЗ отметила и усилия России в области борьбы с распространением гриппа H1N1 и предотвращением пандемии. "Я более чем уверена, что Россия прекрасно подготовилась к пандемии", - подчеркнула она.

Со своей стороны глава Минздравсоцразвития РФ Голикова сообщила, что до 1 июля министерство согласует все финансовые параметры по разработке, испытаниям и производству вакцины против гриппа H1N1.

Ранее ученые неоднократно высказывали опасения по поводу возможного скрещивания вируса свиного гриппа A/H1N1 с вирусом птичьего гриппа H5N1. Сами по себе эти вирусы не представляют большой опасности для людей, так как A/H1N1 не очень смертоносный, а H5N1 смертоносный, но не передается от человека к человеку.

Но если оба оказываются в одном организме, то их сегменты могут перемешаться, создав новый вирус, который будет передаваться от человека человеку так же легко, как A/H1N1, и при этом обладать смертоносностью птичьего гриппа. Убийственное объединение двух вирусов теоретически может произойти в организме какого-нибудь животного, например свиньи.

Средняя смертность от вируса гриппа A/H1N1 на данный момент находится на уровне 0,4%, что примерно в 4 раза выше, чем у так называемых "сезонных" гриппов. Переносится и

лечится он так же, как и обычный грипп. Смертность от птичьего гриппа превышает 60%, однако для того, чтобы им заразиться, необходимо получить большую дозу инфекции непосредственно от птицы.

ВОЗ ранее объявила о введении шестого максимального уровня угрозы пандемии нового гриппа. При этом, по прогнозам специалистов, резкого распространения данной инфекции можно ожидать уже осенью текущего года.

По данным ВОЗ на 24 июня, число заразившихся вирусом гриппа A/H1N1 в мире достигло 55867 человек, 238 из них умерли. Лидером по количеству заболевших по-прежнему остаются США, где на сегодняшний день лабораторно подтверждены 21449 случаев заражения, из которых 87 случаев закончились летальным исходом. В Мексике новым гриппом заболели 7847 человек, 115 из них умерли.

Аргентина вышла на третье место в мире по количеству летальных исходов - 21 человек, а общее число инфицированных в стране увеличилось до 1 391 человека, несколько из них находятся в реанимации в тяжелом состоянии. За последние дни больше всего заболевших зарегистрировано в Канаде - 747 человек; общее число заболевших в стране достигло 6457 человек, 20 из них умерли

NaturalNews.com
Natural Health, Natural Living, Natural News

Barbara Minton

Journalist Files Charges against WHO and UN for Bioterrorism and Intent to Commit Mass Murder

Natural Health, 25 June 2009
https://web.archive.org/web/20090627093227/http://www.naturalnews.com/026503_pandemic_swine_flu_bioterrorism.html

As the anticipated July release date for Baxter's A/H1N1 flu pandemic vaccine approaches, an Austrian investigative journalist is warning the world that the greatest crime in the history of humanity is underway. Jane Burgermeister has recently filed criminal charges with the FBI against the World Health Organization (WHO), the United Nations (UN), and several of the highest ranking government and corporate officials concerning bioterrorism and attempts to commit mass murder. She has also prepared an injunction against forced vaccination which is being filed in America. These actions follow her charges filed in April against Baxter AG and Avir Green Hills Biotechnology of Austria for producing contaminated bird flu vaccine, alleging this was a deliberate act to cause and profit from a pandemic.

Summary of claims and allegations filed with FBI in Austria on June 10, 2009

In her charges, Burgermeister presents evidence of acts of bioterrorism that is in violation of U.S. law by a group operating within the U.S. under the direction of international bankers who control the Federal Reserve, as well as WHO, UN and NATO. This bioterrorism is for the purpose of carrying out a mass genocide against the U.S. population by use of a genetically engineered flu pandemic virus with the intent of causing death. This group has annexed high government offices in the U.S.

Specifically, evidence is presented that the defendants, Barack Obama, President of the U.S, David Nabarro, UN System Coordinator for Influenza, Margaret Chan, Director-General of WHO, Kathleen Sibelius, Secretary of Department of Health and Human Services, Janet Napolitano, Secretary of Department of Homeland Security, David de Rotschild, banker, David Rockefeller, banker, George Soros, banker, Werner Faymann, Chancellor of Austria, and Alois Stoger, Austrian Health Minister, among others, are part of this international corporate criminal syndicate which has developed, produced, stockpiled and employed biological weapons to eliminate the population of the U.S. and other countries for financial and political gain.

The charges contend that these defendants conspired with each other and others to devise, fund and participate in the final phase of the implementation of a covert international bioweapons program involving the pharmaceutical companies Baxter and Novartis. They did this by bioengineering and then releasing lethal biological agents, specifically the "bird flu" virus and the "swine flu virus" in order to have a pretext to implement a forced mass vaccination program which would be the means of administering a toxic biological agent to cause death and injury to the people of the U.S. This action is in direct violation of the Biological Weapons Anti-terrorism Act.

Burgermeister's charges include evidence that Baxter AG, Austrian subsidiary of Baxter International, deliberately sent out 72 kilos of live bird flu virus, supplied by the WHO in the winter of 2009 to 16 laboratories in four counties. She claims this evidence offers clear proof that the pharmaceutical companies and international government agencies themselves are actively engaged in producing, developing, manufacturing and distributing biological agents classified as the most deadly bioweapons on earth in order to trigger a pandemic and cause mass death.

In her April charges, she noted that Baxter's lab in Austria, one of the supposedly most secure biosecurity labs in the world, did not adhere to the most basic and essential steps to keep 72 kilos of a pathogen classified as a bioweapon secure and separate from all other substances under stringent biosecurity level regulations, but it allowed it to be mixed with the ordinary human flu virus and sent from its facilities in Orth in the Donau.

In February, when a staff member at BioTest in the Czech Republic tested the material meant for candidate vaccines on ferrets, the ferrets died. This incident was not followed up by any investigation from the WHO, EU, or Austrian health authorities. There was no investigation of the content of the virus material, and there is no data on the genetic sequence of the virus released.

In answer to parliamentary questions on May 20th, the Austrian Health Minister, Alois Stoger, revealed that the incident had been handled not as a biosecurity lapse, as it should have been, but as an offence against the veterinary code. A veterinary doctor was sent to the lab for a brief inspection.

Burgermeister's dossier reveals that the release of the virus was to be an essential step for triggering a pandemic that would allow the WHO to declare a Level 6 Pandemic. She lists the laws and decrees that would allow the UN and WHO to take over the United States in the event of pandemic. In addition, legislation requiring compliance with mandatory vaccinations would be put into force in the U.S. under conditions of pandemic declaration.

She charges that the entire "swine flu" pandemic business is premised on a massive lie that there is no natural virus out there that poses a threat to the population. She presents evidence leading to the belief that the bird flu and swine flu viruses have, in fact, been bioengineered in laboratories using funding supplied by the WHO and other government agencies, among others. This "swine flu" is a hybrid of part swine flu, part human flu and part bird flu, something that can only come from laboratories according to many experts.

WHO's claim that this "swine flu" is spreading and a pandemic must be declared ignores the fundamental causes. The viruses that were released were created and released with the help of WHO, and WHO is overwhelmingly responsible for the pandemic in the first place. In addition, the symptoms of the supposed "swine flu" are indistinguishable from regular flu or from the common cold. The "swine flu" does not cause death anymore often than the regular flu causes death.

Burgermeister notes that the figures for deaths reported for the "swine flu" are inconsistent and there is no clarity as to how the number of "deaths" has been documented.

There is no pandemic potential unless mass vaccinations are carried out to weaponize the flu under the guise of protecting the population. There are reasonable grounds for believing that the mandatory vaccines will be purposely contaminated with diseases that are specifically designed to cause death.

Reference is made to a licensed Novartis bird flu vaccine that killed 21 homeless people in Poland in the summer of 2008 and had as its "primary outcome measure" an "adverse events rate", thereby meeting the U.S. government's own definition of a bioweapon (a biological agent designed to cause an adverse events rate, i.e death or injury) with a delivery system (injection).

She alleges that the same complex of international pharmaceutical companies and international government agencies that have developed and released pandemic material have positioned themselves to profit from triggering the pandemic with contracts to supply vaccines. Media controlled by the group that is engineering the "swine flu" agenda is spreading misinformation to lull the people of the U.S. into taking the dangerous vaccine.

The people of the U.S. will suffer substantial and irreparable harm and injury if they are forced to take this unproven vaccine without their consent in accordance with the Model State Emergency Health Powers Act, National Emergency Act, National Security Presidential Directive/NSPD 51,

Homeland Security Presidential Directive/HSPD-20, and the International Partnership on Avian and Pandemic Influenza.

In the U.S. since 2008, Burgermeister charges that those named in her allegations have implemented new and/or accelerated the implementation of laws and regulations designed to strip the citizens of the U.S. of their lawful constitutional rights to refuse an injection. These people have created or allowed provisions to remain in place that make it a criminal act to refuse to take an injection against pandemic viruses. They have imposed other excessive and cruel penalties such as imprisonment and/or quarantine in FEMA camps while barring the citizens of the U.S. from claiming compensation from injury or death from the forced injections. This is in violation of the laws governing federal corruption and the abuse of office as well as of the Constitution and Bill of Rights. Through these actions, the named defendants have laid the groundwork for mass genocide.

Using the "swine flu" as a pretext, the defendants have preplanned the mass murder of the U.S. population by means of forced vaccination. They have installed an extensive network of FEMA concentration camps and identified mass grave sites, and they have been involved in devising and implementing a scheme to hand power over the U.S. to an international crime syndicate that uses the UN and WHO as a front for illegal racketeering influenced organized crime activities, in violation of the laws that govern treason.

She further charges that the complex of pharmaceutical companies consisting of Baxter, Novartis and Sanofi Aventis are part of a foreign-based dual purpose bioweapons program, financed by this international criminal syndicate and designed to implement mass murder to reduce the world's population by more than 5 billion people in the next ten years. Their plan is to spread terror to justify forcing people to give up their rights, and to force mass quarantine in FEMA camps. The houses, companies and farms and lands of those who are killed will be up for grabs by this syndicate.

By eliminating the population of North America, the international elite gain access to the region's natural resources such as water and undeveloped oil lands. And by eliminating the U.S. and its democratic constitution by subsuming it under a North American Union, the international crime group will have total control over North America.

Highlights from the complete dossier

The complete dossier of the June 10th action is a 69 page document presenting evidence to substantiate all charges. This includes:

Factual background that delineates time lines and facts that establish probable cause, UN and WHO definitions and roles, and history and incidents from the April, 2009 "swine flu" outbreak.

Evidence the "swine flu" vaccines are defined as bioweapons as delineates in government agencies and regulations classifying and restricting vaccines, and the fear of foreign countries that "swine flu" vaccines will be used for biological warfare.

Scientific evidence the "swine flu" virus is an artificial (genetic) virus.

Scientific evidence the "swine flu" was bioengineered to resemble the Spanish flu virus of 1918 including quotes from *Swine Flu 2009 is Weaponized 1918 Spanish Flu* by A. True Ott, Ph.D., N.D., and a Science Magazine report from Dr. Jeffrey Taubenberger et.al.

The genome sequence of the "swine flu"

Evidence of the deliberate release of the "swine flu" in Mexico

Evidence as to the involvement of President Obama that delineates his trip to Mexico which coincided with the recent "swine flu" outbreak and the death of several officials involved in his trip. Contention is made that the President was never tested for "swine flu" because he had been previously vaccinated.

Evidence as to the role of Baxter and WHO in producing and releasing pandemic virus material in Austria includes a statement from a Baxter official stating the accidentally distributed H5N1 in the Czech Republic was received from a WHO reference center. This includes delineation of

evidence and allegations from Burgermeister's charges filed in April in Austria that are currently under investigation.

Evidence Baxter is an element in a covert bioweapons network

Evidence Baxter has deliberately contaminated vaccine material.

Evidence Novartis is using vaccines as bioweapons

Evidence as to WHO's role in the bioweapons program

Evidence as to WHO's manipulation of disease data in order to justify declaring a Pandemic Level 6 in order to seize control of the USA.

Evidence as to the FDA's role in covering up the bioweapons program

Evidence as to Canada's National Microbiology Lab's role in the bioweapons program.

Evidence of the involvement of scientists working for the UK's NIBSC, and the CDC in engineering the "swine flu".

Evidence vaccinations caused the Spanish killer flu of 1918 including belief of Dr. Jerry Tennant that the widespread use of aspirin during the winter that followed the end of World War I could have been a key factor contributing to the earlier pandemic by suppressing the immune system and lowering body temperatures, allowing the flu virus to multiply. Tamiflu and Relenza also lower body temperatures, and therefore can also be expected to contribute to the spread of a pandemic.

Evidence as to manipulation of the legal framework to allow mass murder with impunity.

Constitutional issues: the legality vs. illegality of jeopardizing the life, health and public good by mass vaccinations.

The issue of immunity and compensation as evidence of intent to commit a crime.

Evidence as to the existence of an international corporate crime syndicate.

Evidence of the existence of the "Illuminati".

Evidence as to the depopulation agenda of the Illuminati/Bilderbergs and their involvement in the engineering and release of the artificial "swine flu" virus.

Evidence that weaponized flu was discussed at the annual Bilderberg meeting in Athens from May 14-17, 2009, as part of their agenda of genocide, including a list of attendees who, according to a statement once made by Pierre Trudeau, view themselves as genetically superior to the rest of humanity.

Media is keeping Americans clueless about the threat they are under

Jane Burgermeister is a dual Irish/Austrian who has written for Nature, the British Medical Journal, and American Prospect. She is the European Correspondent of the Renewable Energy World website. She has written extensively about climate change, biotechnology, and the ecology.

In addition to the charges currently under investigation that she filed against Baxter AG and Avir Green Hills Biotechnology in April, she has filed charges against WHO and Baxter among others concerning a case of exploding "swine flu" vials meant for a research lab on a busy IC train in Switzerland.

In her view, control of the media by the ruling elite has allowed the world crime syndicate to further its agenda unabated while the rest of the people remain in the dark about what is really going on. Her charges are an attempt to get around this media control and bring the truth to light.

Her greatest concern is that "in spite of the fact Baxter has been caught red handed nearly triggering pandemic, they are also moving ahead, together with allied pharma companies, with supplying the vaccine for pandemics." Baxter is hurrying to get this vaccine to market some time in July.

Science

Jon Cohen.

Swine Flu Outbreak, Day by Day

Science Insider, 9 June 2009; doi: 10.1126/article.41556
https://www.science.org/content/article/swine-flu-outbreak-day-day

This chronology of the pandemic will be updated regularly as news breaks and past events come to light. And follow *Science*Insider's full coverage on the swine flu outbreak here.

9 June

With Australia reporting more than 1000 confirmed cases, WHO's flu chief Keiji Fukuda says the agency is now "really very close" to calling the epidemic a pandemic. WHO is still working to inform countries exactly what phase 6 means and to avoid a "blossoming of anxiety" once a pandemic is declared. Fukuda also weighed in on what the virus – or the pandemic – should be called, admitting that the current name, influenza A (H1N1), is creating confusion.

8 June

Egypt becomes the first country in Africa to report a confirmed case of swine flu to WHO. Pan-African News Agency reports that six sub-Saharan countries have suspected cases. In all, says WHO, 73 countries to date have reported 25,288 confirmed cases and 139 deaths.

4 June

Trust for America's Health, a D.C.-based advocacy group, issues "Pandemic Flu Preparedness: Lessons from the Frontlines." The detailed critique praises U.S. federal, state, and local governments for having invested in pandemic planning, including the stockpiling of drugs and training public health officials to respond appropriately. But the report says public health departments are underfunded and "stretched too thin," leading to delays in identifying and containing infections.

The 23-page report further warns that the country's "current vaccine development and production capacity is severely lacking," adding that "the country has not developed or adequately tested a system that will ensure that all Americans would be able to be inoculated in a short period of time." WHO's pandemic alert system, it says, has caused much confusion; the report also criticized some countries for instituting travel restrictions and bans on pork products.

2 June

Australia reports 501 confirmed cases, up from 17 a week before, making the island nation the hardest-hit country outside of North America. With increasing fears about the spread of H1N1 in the Southern Hemisphere, Asia, and Europe, WHO announces that it's moving closer to declaring a phase 6 alert, but says it likely will include a severity index tailored for each locale based on both viral characteristics and ability to respond. U.S. President Barack Obama sends a letter to Nancy Pelosi, speaker of the House of Representatives, asking Congress to set aside nearly $10 billion new dollars for swine flu. This would add to the $2 billion a House bill already in the works. Obama made the request out of "an abundance of caution" and the funds would only be tapped if a full-scale pandemic hit the United States.

26 May

Swine flu begins to spike in the Southern Hemisphere, with 74 confirmed cases in Chile alone. The CDC suggests that the disease may have peaked in the United States, as reports of influenza-like illness declined in seven of nine regions. But this does not directly measure the actual prevalence of the novel H1N1 virus, and some epidemiologists caution against undue optimism. CDC also warns that even if the drop is real in the United States—which accounts for just over half of the world's 12,954 confirmed cases—the virus has not left and may well come roaring back with the cooler weather in the fall.

22 May

Following complaints from member countries at the World Health Assembly meeting held in Geneva this week, WHO announces that it needs to rethink its phasing system and the definition of the word "pandemic." Despite mounting cases outside of the Americas, the member countries urged WHO not to declare a phase 6 alert, contending that the swine flu does not cause severe enough disease to warrant the label of a full-scale pandemic. Meanwhile, the U.S. Department of Health and Human Services announces that it will dish out $1 billion to several pharmaceutical companies to make a vaccine against the novel H1N1 virus. But the money will only purchase vaccine ingredients, not a final product, and it's only enough material to vaccinate 20 million people. *Science*Express publishes the first detailed study of the new virus's genetic makeup, explaining the twisted histories of its closest relatives.

21 May

MMWR dispatch offers the first concrete evidence that the elderly population may have some immunity to the new virus, which could explain why they largely have been spared from severe disease in this outbreak. According to the study, antibodies from this group worked against the novel H1N1 virus in test tube experiments. The cross-reactive antibody response may reflect their exposure to the H1N1 virus that circulated until 1957, *MMWR* suggests.

20 May

Confirmed world cases top 10,000. CDC clarifies that no delays expected for vaccine production as many processes are done in parallel, which wasn't clear from the WHO report the day before. Still, concerns remain about whether a vaccine can actually be manufactured and approved in time for traditional flu season in the Northern Hemisphere.

19 May

WHO releases a report from an ad hoc advisory group looking at making vaccines against the new virus, which suggests the "seed stock" needed to scale-up production of a H1N1 vaccine may not be ready until mid-July. This is two months later than an estimate made by WHO's Marie-Paul Kieny on 1 May. Given that it takes up to six months to manufacture vaccine, this raises questions about whether it will be ready in time for winter in the Northern Hemisphere. Confirmed cases in Japan climb to 191, mostly among school children, and higher than any country outside of the Americas.

18 May

At the opening of the World Health Assembly in Geneva, several countries urged WHO Director-General Margaret Chan to revise the pandemic alert system, as it reflects geographic spread but not the severity of disease. Chan says the alert level will remain at phase 5, despite Japan reporting 129 cases-up from four a few days earlier. She says, "The virus has given us a grace period" but cautions against complacency. "No one can say whether this is just the calm before the storm." Cases in Japan continue to climb.

17 May

Japan reports sharp spike in cases. There is increasing pressure on WHO to raise the alert level from phase 5 to 6

15 May

With apathy setting in, CDC's Daniel Jernigan, deputy director of the influenza division, stresses that "the H1N1 virus is not going away." Jernigan estimates that "upwards of maybe 100,000" people in the United States have influenza-like illness—more than 20 times the number of confirmed and probable novel H1N1 cases in the country. But Jernigan says some of the spike in flu cases likely comes from seasonal viruses, not the new strain, as well as the "profound amount of testing that has gone on in the last few weeks." CDC also changes its recommendations for people who want to travel to Mexico, downgrading the "warning" that advised people to put off "nonessential" trips to a "precaution." In Europe, which has yet to see sustained transmission in communities, four countries cut deals with GlaxoSmithKline to purchase more than 100 million doses of a vaccine that targets the new H1N1 virus.

14 May

A Texan whose pregnant wife died of swine flu takes legal action against the U.S. co-owner of a Mexican pig farm, Granjas Carroll, which he alleges may have kick-started the outbreak. WHO announces that it no longer will hold daily press briefings.

13 May

With the outbreak still teetering on the brink of phase 6, a full-scale pandemic, WHO's Sylvie Briand, a project leader in the Global Influenza Programme, acknowledges the limits of the phasing system, which gauges transmission, not severity. But Briand says a "severity index" for flu "is not very helpful" because it depends on several factors that can differ even within one country, including virulence, vulnerability, and community "resilience." CDC, for the first time since 23 April, will no longer hold daily press briefings.

12 May

WHO and CDC officials suggest that European and Asian countries may have made headway against the virus with aggressive screening of travelers and prompt treatment of infected people and their contacts with antivirals. CDC's MMWR dispatch advises use of antiviral drugs for any pregnant woman with confirmed disease. Thirty countries report more than 5200 confirmed cases, nearly 90% of which were in Mexico and the United States, but WHO and CDC advise that case counts are underestimates. Story breaks about scientist who suggests that the virus might be an accidental laboratory creation, which immediately is met with deep skepticism.

11 May

Mainland China reports its first case. Science publishes paper that estimates 23,000 people in Mexico were infected by 30 April, and that the virus looks similar in severity to one that caused 1957 pandemic.

9 May

Confirmed cases in the U.S. (1639) outnumber those in Mexico (1364) for the first time, but this might reflect more aggressive surveillance and testing capabilities than actual infections.

7 May

Mexico reports nearly 12,000 suspected cases, more than 1000 confirmed. WHO says community transmission does not appear to be happening outside the Americas. A media backlash begins, accusing scientists and officials of hyping the outbreak. Canadians clarify details about the pig farm outbreak, noting that others on the farm developed influenza-like illness but have tested negative for the virus.

6 May

Canada reports that the worker on the Alberta pig farm tested negative for the virus, although the sample may have been collected too late to detect it. Tests of his blood for antibodies begin.

5 May

First death of a U.S. resident: a 33-year-old schoolteacher who had recently given birth. CDC announces that schools should no longer close if they have a case. Mexico's Córdova says cases are decreasing in severity and number, and that businesses in Mexico City may reopen. Mexico reports the detection of a Mexico City case with symptoms on 11 March, earliest date yet reported.

4 May

Official case count tops 1000 for first time. Virus found in 20 countries.

3 May

WHO reports 18 countries with 898 confirmed cases. Phase 6, full-scale pandemic, remains imminent but not declared.

2 May

Canada reports the first isolation of the virus from pigs. A farm worker who traveled to Mexicali, Mexico, returned to Canada on 12 April and apparently infected a herd in Alberta. Mexican Health Minister José Ángel Córdova says he believes the outbreak in his country is stabilizing. Mexico still has a backlog of untested samples but has confirmed 506 cases and 19 deaths. U.S. cases climb to 226 and 30 hospitalizations.

1 May

Thirteen countries report cases, taking the total to 367. Between 1billion and 2 billion doses of a pandemic vaccine may be available within a year, says WHO's Marie-Paule Kieny. Ensuring access for the world's poorest is a WHO priority, she says.

30 April

The backlog of untested cases is in the thousands, as few labs other than CDC and PHAC can confirm cases. MMWR publishes detailed reports about outbreaks in Mexico and a New York City school. In London, the European Medicines Agency meets with E.U. member countries, vaccine producers, WHO, and the European Centre for Disease Prevention and Control to discuss the criteria a pandemic vaccine will have to meet.

29 April

WHO raises the threat level from phase 4 to 5, indicating sustained community transmission in two countries (Mexico and the United States) in the same region. Ten countries report confirmed cases, including South Korea, the first in Asia. The first related death is reported in the United States: a toddler from Mexico visiting relatives. WHO's Chan holds a teleconference with vaccine manufacturers around the globe to discuss the production of a pandemic vaccine.

28 April

Seven countries report cases to WHO. CDC reports five new hospitalized cases in the United States, and acting CDC Director Richard Besser says he expects to see deaths. The Mexican government bans dining in Mexico City restaurants. Cuba suspends flights to and from Mexico, becoming the first of several countries to do so.

27 April

Canada and Spain report confirmed cases to WHO. After an Emergency Committee meeting, WHO raises the pandemic threat level from phase 3 to phase 4, indicating sustained human-to-human transmission in a community. Mexico suspends schools nationwide.

26 April

CDC confirms cases in five states, none severe. The mystery deepens about why Mexico appears to have many related hospitalizations and deaths. Other countries, including New Zealand and France, report suspect cases. Churches in Mexico City do not hold mass

25 April

WHO convenes an Emergency Committee to evaluate evidence. Chan declares the outbreak a Public Health Emergency of International Concern 24 April.

CDC publishes MMWR dispatch about six new U.S. cases with increasing evidence of human-to-human transmission and publicly links same strain of H1N1 to the Mexican outbreak. WHO receives reports from Mexico of 884 suspected cases, most in Mexico City, and 62 deaths. Most cases are in otherwise healthy young adults. The Mexican government closes schools in Mexico City.

23 April

Samples from Mexico arrive at CDC. PHAC and CDC confirm Mexico cases are the same A(H1N1) of swine origin.

There is a teleconference between PHAC, CDC, and Mexican officials. Genetic analysis shows that the virus is a mix of avian and swine viruses from North America, a swine flu strain usually seen in Asia, and a human influenza strain. Margaret Chan, WHO's director general, learns details upon arrival in Washington, D.C., for World Malaria Day and quickly returns to Geneva. In a press conference, CDC says it's producing a "seed strain" for the production of a pandemic vaccine.

22 April

Samples from Mexico arrive at PHAC. 21 April

CDC publishes first dispatch in the Morbidity and Mortality Weekly Report (MMWR) about two cases in California. Mexico reports atypical influenza behavior associated with severe pneumonia in various cities. InDRE ships samples to PHAC's National Microbiology Laboratory in Winnipeg and CDC.

20 April

Teleconference with CDC, PAHO, and PHAC. Cooperation established between Mexico, the United States, and Canada.

18 April

The U.S. focal point publishes confirmed California cases of A(H1N1) in WHO's EIS. Mexico acknowledges receipt of information and responds that in March and April the country had an unusual increase in seasonal influenza with predominance of B strain; some cases presented with severe pneumonia in adults of reproductive age. Mexico notes that the case of a severe pneumonia in patient who died in Oaxaca could be related. PHAC and InDRE have teleconference and conclude it may be a novel agent, unrelated to influenza

17 April

Mexican focal point asks local officials in Mexico to verify news reports of a cluster of cases of acute respiratory illness in Oaxaca hospital. Officials reply there is no such outbreak, but there is one patient with diabetes who has a severe case, presumably viral. InDRE Director Celia Alpuche sends an e-mail asking for help to Francis Plummer, head of the National Microbiology Laboratory in Winnipeg, part of the Public Health Agency of Canada (PHAC).

16 April

CDC notifies San Diego County Health & Human Services Agency of a local case of a novel swine influenza. PAHO receives a news story alert from Veratect about a supposed coronavirus outbreak in a hospital in Oaxaca state.

14 April

CDC tests the San Diego boy's sample and determines the virus is A(H1N1) of swine origin. The boy had no contact with pigs.

13 April

Wisconsin's State Laboratory of Hygiene tests specimen, confirms that it's untypable, and sends to CDC. NHRC also sends CDC a sample of isolated virus. PAHO asks Mexico's focal point if it

can post a notice about the outbreak in WHO's surveillance network's Event Information System (EIS). Mexico's focal point doesn't respond.

12 April

Mexico's director general of epidemiology, Hugo López-Gatell Ramírez, confirms to PAHO the existence of acute respiratory infections but says there is no link to fecal contamination of pig farms. Studies continue. Mexico's focal point considers outbreak to be a "potential public health event of international importance" because it meets IHR criteria: severe public health impact and an unusual event.

11 April

As per the International Health Regulations (IHR), the World Health Organization (WHO) has a pandemic alert and response network, which relies on designated people or institutions in each member country to report unusual disease patterns. PAHO, a regional office of WHO, asks the Mexican IHR "focal point" to verify the outbreak reported in the news.

10 April

The Pan American Health Organization (PAHO) accesses Veratect database and notes news stories reporting an outbreak of acute respiratory infections in La Gloria, Veracruz. Wisconsin State Laboratory of Hygiene in Madison receives sample of San Diego boy from Marshfield Labs.

7 April

Instituto Nacional de Diagnóstico y Referencia Epidemiológicos (InDRE), the main influenza diagnostic lab in the country, located in Mexico City, learns of unusual severe respiratory diseases in young adults seen at the National Institute of Respiratory Diseases and begins investigating the cluster.

6 April

Veratect, a Kirkland, Washington-based company that scours news reports for emerging threats, reports in its subscription-only database that local Mexican health officials have declared an alert because of respiratory disease outbreak in La Gloria, Veracruz state, Mexico. Residents believe it is caused by pig breeding farms in the area. Local officials launch a spraying campaign that targets flies, an influenza vaccination campaign, and an epidemiological investigation back to 10 March. A Mexican news story reports 60% of inhabitants infected and three deaths.

1 April

NHRC researchers determine that the boy is likely infected with influenza A, but they cannot subtype the strain. As per protocol, the sample is sent to Marshfield Labs in Wisconsin. HealthMap, a global disease alert system run by academics, flags a news story from Mexico about a strange respiratory outbreak in the state of Veracruz that has claimed two lives.

30 March

A 10-year-old boy with fever, cold, and vomiting goes to the Naval Medical Center San Diego in California. As part of a clinical study, a nasopharyngeal swab is sent across town to the Naval Health Research Center (NHRC).

18 March

Mexican surveillance begins noting cases of influenza-like illness in the Distrito Federal, which includes Mexico City.

11 March

First documented symptoms (as of 5 May) in a Mexico City resident who later would be found to have confirmed infection with A(H1N1) swine flu.

———-

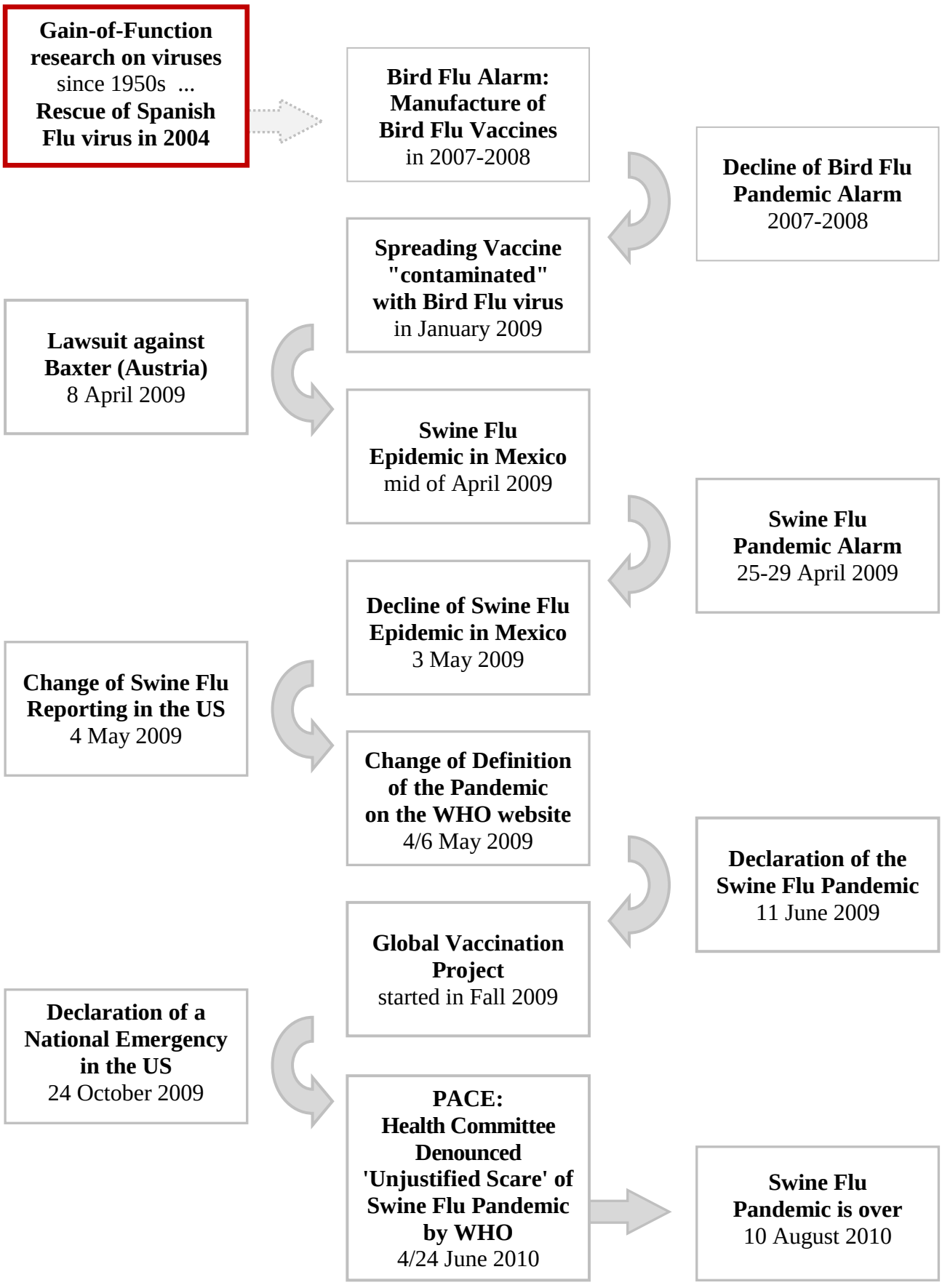
Sources: Mirta Roses Periago and Daniel Epstein, PAHO; Celia Alpuche, InDRE; Mauricio Hernandez-Avilia, Mexican Ministry of Health; Francis Plummer, PHAC; CDC, WHO, and Mexican government press conferences; Veratect; Michele Ginsberg, San Diego County Health & Human Services Agency; U.S. Naval Health Research Center, HealthMap.

Part 6

Swine Flu may have Escaped from a Laboratory

https://www.kcl.ac.uk/news/project-aimed-at-improving-safety-in-labs-dealing-with-lethal-viruses-receives-major-funding-grant

Roadmap
of the Swine Flu Pandemic


Gain-of-Function research on viruses since 1950s ... Rescue of Spanish Flu virus in 2004
Bird Flu Alarm: Manufacture of Bird Flu Vaccines in 2007-2008
Decline of Bird Flu Pandemic Alarm 2007-2008
Spreading Vaccine "contaminated" with Bird Flu virus in January 2009
Lawsuit against Baxter (Austria) 8 April 2009
Swine Flu Epidemic in Mexico mid of April 2009
Swine Flu Pandemic Alarm 25-29 April 2009
Decline of Swine Flu Epidemic in Mexico 3 May 2009
Change of Swine Flu Reporting in the US 4 May 2009
Change of Definition of the Pandemic on the WHO website 4/6 May 2009
Declaration of the Swine Flu Pandemic 11 June 2009
Global Vaccination Project started in Fall 2009
Declaration of a National Emergency in the US 24 October 2009
PACE: Health Committee Denounced 'Unjustified Scare' of Swine Flu Pandemic by WHO 4/24 June 2010
Swine Flu Pandemic is over 10 August 2010

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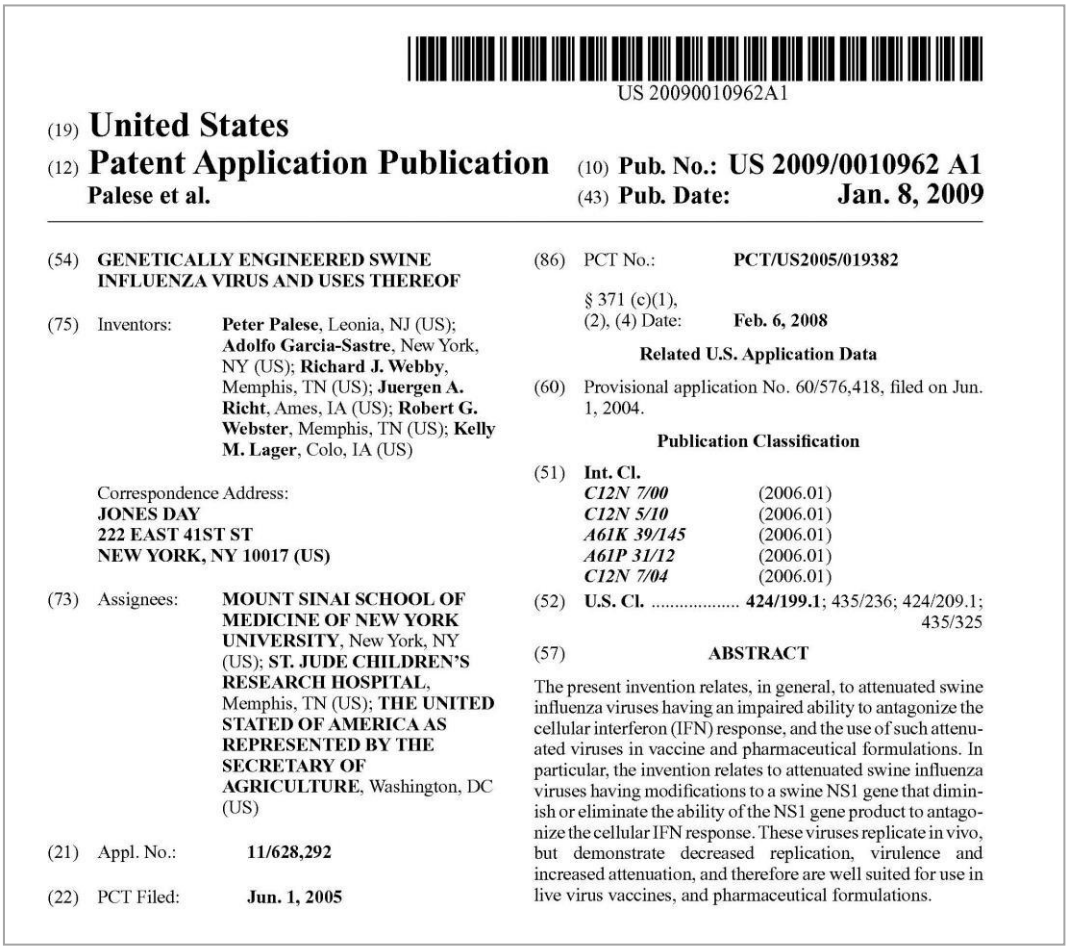
Genetically Engineered Swine Influenza Virus and Uses Thereof

US Patent, 8 January 2009 [Application Filed on June 1, 2005].
https://patents.google.com/patent/US20090010962A1/en



US 20090010962A1

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(43) **Pub. Date: Jan. 8, 2009**

(54) **GENETICALLY ENGINEERED SWINE INFLUENZA VIRUS AND USES THEREOF**

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(52) **U.S. Cl.** **424/199.1**; 435/236; 424/209.1; 435/325

(57) **ABSTRACT**

The present invention relates, in general, to attenuated swine influenza viruses having an impaired ability to antagonize the cellular interferon (IFN) response, and the use of such attenuated viruses in vaccine and pharmaceutical formulations. In particular, the invention relates to attenuated swine influenza viruses having modifications to a swine NS1 gene that diminish or eliminate the ability of the NS1 gene product to antagonize the cellular IFN response. These viruses replicate in vivo, but demonstrate decreased replication, virulence and increased attenuation, and therefore are well suited for use in live virus vaccines, and pharmaceutical formulations.

Abstract

The present invention relates, in general, to attenuated swine influenza viruses having an impaired ability to antagonize the cellular interferon (IFN) response, and the use of such attenuated viruses in vaccine and pharmaceutical formulations.

In particular, the invention relates to attenuated swine influenza viruses having modifications to a swine NS1 gene that diminish or eliminate the ability of the NS1 gene product to antagonize the cellular IFN response. These viruses replicate in vivo, but demonstrate decreased replication, virulence and increased attenuation, and therefore are well suited for use in live virus vaccines, and pharmaceutical formulations.

SWINE FLU

Swine Flu Epidemic/ H1N1 Vaccine Deaths and Injuries

Swine Flu, 6 March 2009
http://vaccineriskawareness.com/swine-flu/

Now in April we are hearing of dozens of cases of people in Mexico, dying of 'swine flu'. I think the Baxter accident and the swine flu are related.

It's emerged that virulent H5N1 bird flu was sent out by accident from an Austrian lab last year and given to ferrets in the Czech Republic before anyone realised. As well as the risk of it escaping into the wild, the H5N1 got mixed with a human strain, which might have spawned a hybrid that could unleash a pandemic.

Last December, the Austrian branch of US vaccine company Baxter sent a batch of ordinary human H3N2 flu, altered so it couldn't replicate, to Avir Green Hills Biotechnology, also in Austria. In February, a lab in the Czech Republic working for Avir alerted Baxter that, unexpectedly, ferrets inoculated with the sample had died. It turned out the sample contained live H5N1, which Baxter uses to make vaccine. The two seem to have been mixed in error.

Markus Reinhard of Baxter says no one was infected because the H3N2 was handled at a high level of containment. But Ab Osterhaus of Erasmus University in the Netherlands says: "We need to go to great lengths to make sure this kind of thing doesn't happen."

Accidental release of a mixture of live H5N1 and H3N2 viruses could have resulted in dire consequences. While H5N1 doesn't easily infect people, H3N2 viruses do. If someone exposed to a mixture of the two had been simultaneously infected with both strains, he or she could have served as an incubator for a hybrid virus able to transmit easily to and among people.

Source: The Times of India, 6th March 2009.

The Frederick News-Post

Justin M. Palk

Fort Detrick disease samples may be missing

The Frederick News-Post, 22 April 2009
https://web.archive.org/web/20090424100741/https://www.fredericknewspost.com/sections/news/display.htm?StoryID=89293

Army criminal investigators are looking into the possibility that disease samples are missing from biolabs at Fort Detrick.

As first reported in today's edition of The Frederick News-Post by columnist Katherine Heerbrandt, the investigators are from the U.S. Army Criminal Investigation Division unit at Fort Meade.

Chad Jones, spokesman for Fort Meade, said CID is investigating the possibility of missing virus samples from the U.S. Army Medical Research Institute of Infectious Diseases.

He said the only other detail he could provide is that the investigation is ongoing.

Fort Detrick does not have its own CID office, Jones said, which is why Fort Meade's CID was brought in.

Jones said he could not comment on when the investigation started.

CID is responsible for investigating crimes where the Army is, or may be, a party of interest, according to the U.S. Army Criminal Investigation Command website.

USAMRIID is the Army's top biodefense lab, where researchers study pathogens including Ebola, anthrax and plague.

In February, USAMRIID halted all its research into these and other diseases, known as "select agents" following the discovery of virus samples that weren't listed in its inventory.

The institute's commander, Col. John Skvorak, ordered research halted while workers conducted a complete inventory of the institute's select agents.

That inventory is nearly completed, though the exact end date isn't known yet, said Caree Vander Linden, USAMRIID spokeswoman.

Vander Linden said she didn't know about the CID investigation and referred questions to the CID's head public affairs office.

There is no indication whether the CID investigation is connected to USAMRIID's re-inventorying of its select agent stocks.

Larry Shaughnessy

Army: 3 vials of virus samples missing from Maryland facility

CNN, 22 April 2009.
https://edition.cnn.com/2009/US/04/22/missing.virus.sample/

Washington (CNN) – Missing vials of a potentially dangerous virus have prompted an Army investigation into the disappearance from a lab in Maryland.

The Army's Criminal Investigation Command agents have been visiting Fort Detrick in Frederick, Maryland, to investigate the disappearance of the vials. Christopher Grey, spokesman for the command, said this latest investigation has found "no evidence of criminal activity."

The vials contained samples of Venezuelan Equine Encephalitis, a virus that sickens horses and can be spread to humans by mosquitoes. In 97 percent of cases, humans with the virus suffer flu-like symptoms, but it can be deadly in about 1 out of 100 cases, according to Caree Vander Linden, a spokeswoman for the Army's Medical Research Institute of Infectious Diseases. There is an effective vaccine for the disease and there hasn't been an outbreak in the United States since 1971.

The vials had been at the research institute's facility at Fort Detrick, home of the Army's top biological research facility, for more than a decade. The three missing vials were among thousands of vials that were under the control of a senior scientist who retired in 2004. When another Fort Detrick scientist recently inventoried the retired scientist's biological samples, he discovered that the three vials of the virus were missing. The original scientist's records about his vials dated back to the days of paper-and-pen inventories.

During the investigation, the retired scientist and another former Fort Detrick researcher cooperated with investigating agents and, according to Vander Linden, they came back to the facility to help look for the vials.

Vander Linden said the investigators know that several years ago an entire freezer full of biological samples broke down and all the samples had to be safely destroyed. But a complete inventory of what was in the freezer was not done before the samples were destroyed. Vander Linden said there's a "strong possibility" the vials were in that freezer and destroyed, but that isn't known for sure.

This investigation comes two months after all research at the research institute facility at Fort Detrick was halted for a complete computer-based inventory of all disease samples at the fort. That inventory is expected to be complete before summer and may help solve the mystery of the three missing vials, officials said.

NEWWORLDLIBERTY

Swine Flu Attack Likely a Beta Test

New World Liberty, 25 April 2009
https://web.archive.org/web/20090427222530/https://newworldliberty.wordpress.com/

The latest bioterrorism attack by the New World Order is likely a beta test. Yes, it is a bioterrorism attack. It was a hybrid strain created from human, swine, and bird flu from North America, Europe, and Asia. It was created in a laboratory. This doesn't happen in nature.

Baxter was caught shipping a weaponized avian bird flu mixed strain in their vaccines last month in Europe. Again, this is proof that this deadly virus was created in a laboratory because they did exactly that last month. Bayer was caught shipping HIV in their drugs in the 80s. Both of these events are published in mainstream newspapers. You can use Google like everyone else to find them.

I predicted this event last month in my documented and linked article when Baxter was caught. If Baxter was trying to do this, they weren't going to stop trying, especially when Baxter wasn't even prosecuted for the crime, and the television news was completely silent about it.

It seems someone wasn't caught this time before they were able to make delivery of the virus. Not that anyone would be prosecuted for bioterrorism. They weren't prosecuted the previous numerous times where they were caught.

This latest flu hasn't been widespread and not that deadly. It seems to be just a beta test and not the real release to drastically reduce the population of the world.

Yes, the ruling elite want to reduce the population of the world. They write about it in their books, in their think tank documents, in government documents, and at their conferences. You won't hear about it on television news because they're part of the mainstream media trust, along with AP and Reuters, which are all owned by the same people.

They add the industrial waste and active ingredient of rat poison, known as fluoride, in your water, causing your brain, liver, and bones to rot and decay. They add mercury, which is as toxic as lead or arsenic, to the vaccines as a preservative, causing autism and sudden infant death syndrome, among several other things. Yes, the government hates you and wants to kill you. Government loves war and death.

Before any scientist does anything very drastic they always do a beta test. They are studying several different things such as how far it spreads and how fast. They are studying if it mutates. They are studying if they'll get away with the crime.

Mexico seems like an ideal distribution point since they know it would spread to the United States. There are less safeguards in Mexico than the United States, but the United States is the primary target. Americans have a Second Amendment right, which makes Americans a big threat to the New World Order and the ruling elite's power.

It is your duty not to make the latest beta test a success by screaming about it. Scream about it to your elected representatives and to the media. Demand justice.

The sick part about this is that they are using vaccines to spread the virus. The cure for the bio-terrorism attack is the method of delivery so take vaccines at your own risk. Take a rat or your local politician to the doctor with you to beta test the vaccine before you take it.

Just be aware they may switch the delivery mechanism to something like food, water, or aerial spraying to drastically reduce the population. I'm not an expert, but I believe injections are the most effective delivery mechanism for spreading such a biological weapon and is why they were caught doing just that.

The real test will be much more deadly and much more widespread. They'll bring in martial law when it happens and take the rest of our rights away if we happen to survive a large-scale bioterror attack.

This is why you must awaken everybody that the government and big corporations are the terrorists, not Islamic brown people hiding in caves. Switch the word "Islamic" with the word "Jew", and you'll understand how Hitler came to power in a democratic society. I can't believe people haven't caught onto the race baiting by the national socialists running this nation and the world. You're bigots and don't even realize it. You're a bunch of Nazis and don't even realize it.

This is why you must demand justice for these crimes against humanity by the evil terrorist tyrants in power. This is a big deal. Your life and the lives of your friends, family, and children depend on fighting it.

You might want to question who is making a profit on this as well. I believe Obama even own shares of the company who makes the drug to treat this virus. Illinois-based Baxter working on swine flu vaccine.

This is not a hoax. Dead bodies are not a hoax. What is happening now is not a hoax. It is fact. What Baxter and Bayer did is fact. If you deny these facts, I can't help you. You're beyond help.

=> The same text:

Alex Jones
Swine Flu Attack Likely a Beta Test
Prison Planet TV, 26 April 2009
https://web.archive.org/web/20201109040810/https://www.prisonplanet.com/swine-flu-attack-likely-a-beta-test.html

=> The same text:

infonews.co.nz

Roberto Jelash
Swine Flu Attack Likely A Beta Test
Info News, 27 April 2009, 1:07PM
https://web.archive.org/web/20140811143302/https://www.infonews.co.nz/news.cfm?id=36258

Paul Joseph Watson

Medical Director: Swine Flu Was "Cultured in a Laboratory"

Info Wars, 25 April 2009

https://web.archive.org/web/20090427130805/https://www.infowars.com/medical-director-swine-flu-was-cultured-in-a-laboratory/

Editor's note: On Friday, NPR reported that the deadly swine flu "combines genetic material from pigs, birds and humans in a way researchers have not seen before," thus leading us to suspect it was cooked up in a lab.

Swine flu panic is spreading in Mexico and soldiers are patrolling the streets after it was confirmed that human to human transmission is occurring and that the virus is a brand-new strain which is seemingly affecting young, healthy people the worst. Questions about the source of the outbreak are also being asked after a public health official said that the virus was "cultured in a laboratory".

"This strain of swine influenza that's been *cultured in a laboratory*is something that's not been seen anywhere actually in the United States and the world, so this is actually a new strain of influenza that's been identified," said Dr. John Carlo, Dallas Co. Medical Director (video clip here).

Was this a slip-up or an admission that this new super-strain of swine influenza was deliberately *cultured in a laboratory* and released?

Alarming reports are now filtering in about people catching the illness who have had no contact with pigs whatsoever. These include a man and his daughter in San Diego County, a 41-year-old woman in Imperial County and two teenagers in San Antonio, Texas. In fact, in all U.S. cases, the victims had no contact with any pigs.

Dr. Wilma Wooten, San Diego County's public health officer, told KPBS "We have had person-to-person spread with the father and the daughter," says Wooten, "And also with the two teenagers in Texas, they were in the same school. So that also indicates person-to-person transfer." Dr. Wooten says it's unclear how people were exposed to swine flu. She says "none of the patients have had any contact with pigs," according to the report.

Although the situation in the U.S. looks under control, panic is spreading in Mexico, where 800 cases of pneumonia in the capital alone are suspected to be related to the swine flu and the virus has hit young and healthy people, which is very rare with an flu outbreak. Despite the danger of a pandemic, the U.S. border with Mexico remains open.

"Mexico has shut schools and museums and canceled hundreds of public events in its sprawling, overcrowded capital of 20 million people to try to prevent further infections," reports Reuters.

"My level of concern is significant," said Dr. Martin Fenstersheib, the health officer for Santa Clara County. "We have a novel virus, a brand-new strain that's spreading human to human, and we are also seeing a virulent strain in Mexico that seems to be related. We certainly have concerns for this escalating."

The WHO insists that the outbreak has "pandemic potential" and has been stockpiling supplies of Tamiflu, known generically as oseltamivir, a pill that can both treat flu and prevent infection, according to officials.

As we previously highlighted, those that have a stake in the Tamiflu vaccine include top globalists and BIlderberg members like George Shultz, Lodewijk J.R. de Vink and former Secretary of Defense

Donald Rumsfeld. => [Steve Watson. Killing Two Birds with One Tamiflu Stone. Avian Flu: Precedent for Martial Law and Globalist money spinner rolled into one. – Info Wars, 8 November 2005].

Indeed, Rumsfeld himself played a key role in hyping an outbreak of swine flu back in the 1976 when he urged the entire country to get vaccinated. Many batches of the vaccine were contaminated, resulting in hundreds of sick people and 52 fatalities.

The fact that the properties of the strain are completely new, that the virus is spreading from people to people, and that the young and healthy are being hit worst, has disturbing parallels to the deadly 1918 pandemic that killed millions.

It is unclear as to why, if the virus is a brand new strain, that public health officials are so confident programs of mass vaccination, which are already being prepared, would necessarily be effective.

It certainly wouldn't be the first time that deadly flu viruses have been concocted in labs and then dispatched with the intention of creating a pandemic.

When the story first broke last month, Czech newspapers questioned if the shocking discovery of vaccines contaminated with the deadly avian flu virus which were distributed to 18 countries by the American company Baxter were part of a conspiracy to provoke a pandemic.

Since the probability of mixing a live virus biological weapon with vaccine material by accident is virtually impossible, this leaves no other explanation than that the contamination was a deliberate attempt to weaponize the H5N1 virus to its most potent extreme and distribute it via conventional flu vaccines to the population who would then infect others to a devastating degree as the disease went airborne.

However, this is not the first time that vaccine companies have been caught distributing vaccines contaminated with deadly viruses.

In 2006 it was revealed that Bayer Corporation had discovered that their injection drug, which was used by hemophiliacs, was contaminated with the HIV virus. Internal documents prove that after they positively knew that the drug was contaminated, they took it off the U.S. market only to dump it on the European, Asian and Latin American markets, knowingly exposing thousands, most of them children, to the live HIV virus. Government officials in France went to prison for allowing the drug to be distributed. The documents show that the FDA colluded with Bayer to cover-up the scandal and allowed the deadly drug to be distributed globally. No Bayer executives ever faced arrest or prosecution in the United States.

In the UK, a 2007 outbreak of foot and mouth disease that put Britain on high alert has been originated from a government laboratory which is shared with an American pharmaceutical company, mirroring the deadly outbreak of 2001, which was also deliberately released.

As we reported yesterday, last time there was a significant outbreak of a new form of swine flu in the U.S. it originated at the army base at Fort Dix, New Jersey.

=> same text

GlobalResearch

Paul Joseph Watson

Medical Director: Swine Flu Was "Cultured in a Laboratory"

Global Research, April 26, 2009

https://www.globalresearch.ca/medical-director-swine-flu-was-cultured-in-a-laboratory/13353

Grist

Tom Philpott

Swine-flu outbreak could be linked to Smithfield factory farms

Grist, 26 April 2009
https://grist.org/article/2009-04-25-swine-flu-smithfield/

One flu east, one flu west.

The outbreak of a new flu strain – a nasty mash-up of swine, avian, and human viruses – has infected 1,000 people in Mexico and the U.S., killing 68. The World Health Organization warned Saturday that the outbreak could reach global pandemic levels.

Is Smithfield Foods, the world's largest pork packer and hog producer, linked to the outbreak? Smithfield operates massive hog-raising operations Perote, Mexico, in the state of Vera Cruz, where the outbreak originated. The operations, grouped under a Smithfield subsidiary called Granjas Carroll, raise 950,000 hogs per year, according to the company Web site.

On Friday, the U.S. disease-tracking blog Biosurveillance published a timeline of the outbreak containing this nugget, dated April 6 (*major tip of the hat to Paula Hay, who alerted me to the Smithfield link on the Comfood listserv and has written about it on her blog, Peak Oil Entrepreneur)*:

Residents [of Perote] believed the outbreak had been caused by contamination from pig breeding farms located in the area. They believed that the farms, operated by Granjas Carroll, polluted the atmosphere and local water bodies, which in turn led to the disease outbreak. According to residents, the company denied responsibility for the outbreak and attributed the cases to "flu." However, a municipal health official stated that preliminary investigations indicated that the disease vector was a type of fly that reproduces in pig waste and that the outbreak was linked to the pig farms. It was unclear whether health officials had identified a suspected pathogen responsible for this outbreak.

From what I can tell, the possible link to Smithfield has not been reported in the U.S. press. Searches of Google News and the websites of the *New York Times, Washington Post*, and *Wall Street Journal* all came up empty.

The link is being made in the Mexican media, however. "Granjas Carroll, causa de epidemia en La Gloria," declared a headline in the Vera Cruz-based paper *La Marcha.* No need to translate that, except to point out that La Gloria is the village where the outbreak seems to have started. Judging from the article, Mexican authorities treat hog CAFOs with just as much if not more indulgence than their peers north of the border, to the detriment of surrounding communities and the general public health. Get this:

De acuerdo con uno de los habitantes de la comunidad, Eli Ferrer Cortés, los desechos fecales y orgánicos que produce Granjas Carroll no son tratados adecuadamente, lo que genera contaminación del agua y del viento en la region.

=> https://web.archive.org/web/20090430042243/http://www.marcha.com.mx/resumen.php?id=2128

My rough translation: According to one community resident, the organic and fecal waste produced by Granjas Carrol isn't adequately treated, creating water and air pollution in the region. I witnessed – and smelled – the same thing in Hardin County, Iowa, a couple of years ago, another area marked by intensive industrial hog production. The article goes on to say that area residents have long complained of "fetid odors" in the air and water, and swarms of flies hovering around waste lagoons. Like their counterparts who live in CAFO-heavy U.S. areas, they also complain of respiratory ailments. Now, with 30 percent of the area's residents now infected with the virulent flu bug, people are demanding that state and federal authorities inspect hog operations there. So far, reports *La Marcha,* the response has been: *nada.* => http://www.jornada.unam.mx/2009/04/06/index.php?section=estados&article=030n1est

The Mexico City Daily *La Jornada* has also made the link. According to the newspaper, the Mexican health agency IMSS has acknowledged that the orginal carrier for the flu could be the "clouds of flies" that multiply in the Smithfield subsidiary's manure lagoons. => https://web.archive.org/web/20090410023226/http://www.jornada.unam.mx/2009/04/06/index.php?section=estados&article=030n1est

I'll be in touch with contacts in Mexico as this story develops – and I'll be curious to see whether the U.S. media explores the link with Smithfield's Mexico operation.

Note: In the original version of this post, I had called production at Granjas Carroll "nearly equal to Smithfield's total U.S. production." I had been confusing total production at Granjas Carroll – 950,000 hogs produced in fiscal 2008 – with the number of sows, or breeding pigs, kept by Smithfield in the United States. According to my source – "Concentration of Ag Markets, 2007" (PDF) by Hendrickson and Heffernan – Smithfield keeps 1.2 million sows. Actual hog production is much larger – thus Smithfield's total U.S. hog production is much larger than Granjas Carroll's. I regret the error.
=> https://web.archive.org/web/20071011141336/http://www.nfu.org/wp-content/2007-heffernanreport.pdf

CNN Health

Avian Swine Flu created by the CIA

Youtube, 27 Apr 2009
https://www.youtube.com/watch?v=K_rI7kfdO1A
https://diriw.wordpress.com/2009/09/14/avian-swine-flu-created-by-the-cia/

"On Friday, NPR reported that the deadly swine flu combines genetic material from pigs, birds and humans in a way researchers have not seen before, thus leading us to suspect it was cooked up in a lab.

Swine flu panic is spreading in Mexico and soldiers are patrolling the streets after it was confirmed that human to human transmission is occurring and that the virus is a brand new strain which is seemingly affecting young, healthy people the worst. Questions about the source of the outbreak are also being asked after a public health official said that the virus was cultured in a laboratory.

This strain of swine influenza thats been cultured in a laboratory is something thats not been seen anywhere actually in the United States and the world, so this is actually a new strain of influenza thats been identified, said Dr. John Carlo, Dallas Co. Medical Director

ONLINE JOURNAL™

Wayne Madsen

New swine flu feared to be weaponized strain

Online Journal, 27 April 2009, 00:12
http://onlinejournal.com/artman/publish/article_4631.shtml

According to two mainstream media journalists, one in Mexico City and the other in Jakarta, who spoke to WMR on background, they are convinced that the current outbreak of a new strain of swine flu in Mexico and some parts of the United States is the result of the introduction of a human-engineered pathogen that could result in a widespread global pandemic, with potentially catastrophic consequences for domestic and international travel and commerce.

The journalists have been told by top officials of the United Nations and the World Health Organization (WHO) about the grave dangers posed by the new and deadly swine flu strain, known as A-H1N1. This flu, never before seen by scientists, has already killed up to 68 people in Mexico and has forced the cancellation of public events, including sports matches and concerts, and the closure of schools, libraries, and museums. Eight cases have been reported in Texas and California. Doctors are examining several students at a Queens high school in New York who displayed symptoms similar to those experienced by swine flu patients in Mexico.

Our Mexico City source said a top scientist for the United Nations, who has examined the outbreak of the deadly Ebola virus in Africa, as well as HIV/AIDS victims, concluded that H1N1 possesses certain transmission "vectors" that suggest that the new flu strain has been genetically-manufactured as a military biological warfare weapon. The UN expert believes that Ebola, HIV/AIDS, and the current A-H1N1 swine flu virus are biological warfare agents.

Past swine flu outbreaks have been spread from pigs to humans, who then passed the flu on to other humans. However, with A-H1N1, there have been no reported infections of pigs. In fact, according to the Centers for Disease Control and Prevention (CDC), A-H1N1 has gene segments from North American swine, bird and human flu strains and a segment from Eurasian swine flu. Costa Rica, Brazil, and Peru have issued alerts to check all incoming passengers from Mexico at border crossings, airports, and seaports for symptoms of the swine flu.

WHO is convening an emergency session of its top medical experts in Geneva and is set to declare H1N1 a "public health event of international concern." It is reported that WHO will recommend travel restrictions to and from areas where the flu has been reported, including Mexico City and the states of Mexico, Hidalgo, San Luis PotosÃ- and Oaxaca.

Our Jakarta source said WHO officials are afraid that the presence of gene segments from dreaded H5N1 bird flu in the A-H1N1 swine flu strain could mean that the new swine flu strain was engineered to "jump species."

WMR has been informed that the CDC and U.S. Army dug up the body of an Inuit woman who died in 1918 in Brevig Mission, Alaska from an outbreak of Spanish flu. The influenza pandemic

that year killed up to 100 million people worldwide in an 18-month period. Brevig Mission saw 72 of its 80 residents die within five days, the worst case recorded anywhere in the world. WMR has been told the genetic material recovered by the U.S. government from the corpse of the Inuit woman provided the basis for the development of the H5N1, or bird (avian), flu strain at the U.S. Army Medical Institute of Infectious Diseases (USAMRIID) laboratory at Fort Detrick, Maryland, the point of origin for the Ames strain of anthrax used in the 2001 bio-war attacks against the U.S. Congress and the media.

The fear in Asia is that if the A-H1N1 pandemic spreads to the United States, travel to and from the country will be all but shut down.

The following are the symptoms associated with A-H1N1:

· cough
· fever
· sore throat
· shortness of breath
· muscle and joint pain

The drugs Tamiflu and Relenza are seen as the most effective against A-H1N1.

Swine flu is a man made virus ?

Russian Today, 28 April 2009
https://www.youtube.com/watch?v=RnSX_jS0STA

NaturalNews.com
Natural Health, Natural Living, Natural News

Mark Adams

As Swine Flu Spreads, Conspiracy Theories of Laboratory Origins Abound

Natural News, 27 April 2009
https://www.naturalnews.com/026141.html

(NaturalNews) Perhaps due to the genetic makeup of the fast-spreading H1N1 strain of influenza – which includes genetic elements from bird flu, swine flu and human flu spanning three continents – there is considerable speculation that the origins of this virus are man-made.

It's not an unreasonable question to ask: Could world governments, spooked by the prospect of radical climate change caused by over-population of the planet, have assembled a super-secret task force to engineer and distribute a super virulent strain of influenza designed to "correct" the human population (and institute global Martial Law)?

Technically, it's possible. The U.S. military, all by itself, has the know-how to engineer and unleash such a virus. That doesn't mean they've done so, however. It would be an astonishing leap into crimes against humanity to intentionally unleash such a biological weapon into the wild.

Then again, governments of the world have routinely engaged in crimes against humanity, haven't they? The U.S., for example, dropped nuclear bombs on civilian populations in Japan. Israel rained white phosphorous on Palestinians, Hitler exterminated countless Jews, and Americans fired millions of rounds of depleted uranium rounds into targets in Iraq and Afghanistan. Unleashing a viral biological weapon in Mexico City is no great leap beyond what governments have already done to achieve their goals.

Throughout human history, virtually all the great crimes against humanity have been carried out by governments -- mostly in the name of peace, prosperity and security, by the way. So let's be clear about one thing: Governments are certainly capable of doing this if properly motivated. Let there be no question about that.

Is there any hard evidence of laboratory origins?

As of this moment, I have not personally seen any conclusive evidence of laboratory origins for this H1N1 swine flu. I am open to the possibility that new evidence may emerge in this direction, however, and I am suspicious of the genetic makeup of the virus as one possible indicator of its origins.

I am not a medical specialist in the area of infectious disease, but I have studied microbiology, genetics and a considerable amount of material on pandemics. What seems suspicious to me is the hybrid origin of the viral fragments found in H1N1 influenza. According to reports in the mainstream media (which has no reason to lie about this particular detail), this strain of influenza contains viral code fragments from:

- Human influenza
- Bird Flu from North America
- Swine flu from Europe
- Swine flu from Asia

This is rather astonishing to realize, because for this to have been a natural combination of viral fragments, it means an infected bird from North America would have had to infect pigs in Europe, then be re-infected by those some pigs with an unlikely cross-species mutation that allowed the bird

to carry it again, then that bird would have had to fly to Asia and infected pigs there, and those Asian pigs then mutated the virus once again (while preserving the European swine and bird flu elements) to become human transmittable, and then a human would have had to catch that virus from the Asian pigs – in Mexico! – and spread it to others. (This isn't the only explanation of how it could have happened, but it is one scenario that gives you an idea of the complexity of such a thing happening).

Now, on a common-sense level, what is the likelihood of such a combination of seemingly unlikely, trans-continental events taking place? At first glance, without the benefit of additional laboratory analysis, it seems extremely unlikely that this could have happened "naturally," without human intervention. It's not outside the realm of possibility, of course, but it seems exceedingly remote that such events happened without some human encouragement.

This is perhaps why the internet is smoking hot with talk of swine flu conspiracy theories. Alex Jones is, of course, covering the issue in articles like this one: =>
https://web.archive.org/web/20090427130805/http://www.infowars.com/medical-director-swine-flu-was-cultured-in-a-laboratory/

If the release of the virus was intentional, there are essentially two explanations for who might be behind it: 1) Governments attempting to reduce the human population, 2) Bio-terrorists attempting to kill lots of people. Or perhaps 3) Those two groups are one and the same!

Why we shouldn't dismiss the conspiracy theories outright

Many of the points made in conspiracy articles are well made, in fact: There is both a motive and a means for governments of the world to have played a role in the creation and transmission of this virus. Still, it doesn't mean they did, and NaturalNews will be cautious in reporting such conclusions until more evidence emerges.

There's no question about one aspect of the circulating conspiracy theories, however: If governments wanted to infect people with this bio-engineered swine flu, vaccines would be the best way to do it. It seems interesting that Mexico City health officials, in particular, leaped to a mass vaccination campaign in the midst of the swine flu outbreak even though no vaccines are yet available for swine flu!

…

Vaccinated doctors dead in days

Did you catch what was said here? As Dr. Yeny Gregoria Davila posted on the BBC website, vaccines were given to the medical personnel and those very same medical personnel were dead within six days. Thus, the vaccine is certainly not protecting these people from infection.

According to the conspiracy theories, these vaccines may indeed be the carrier of the virus. Injecting front-line medical personnel with the virus is the fastest way to spread it even further because medical workers interact with large numbers of immune-compromised people on a daily basis, including many people who tend to travel from far away to visit the hospital and then return to their distant towns, burros or villages in Mexico.

Furthermore, the true number of people infected or killed by the virus is being vastly underreported, according to these doctors. It's just like China's handling of SARS: The country was hesitant to admit the disease existed at all in order to avoid international embarrassment over its lackluster health policies.

As the WHO knows quite well, nations are universally reluctant to tell the truth about infectious disease. There's even a good reason why: Big Pharma usually attempts to acquire the virus early on, patent its particular genetic code, then manufacture expensive vaccines that it sells back to the stricken nation at a ridiculously-high price. This is how Big Pharma profits from a pandemic, turning human suffering into corporate profits.

Thus, it is actually in a nation's economic interests to avoid sharing viral strains with world health authorities because WHO routinely shares viral specimens with pharmaceutical companies. This is just one factor in a long list of factors that compel nations to lie about infectious disease outbreaks.

Even when it comes to pandemic outbreaks, *we are still dealing with layer upon layer* of commercially-motivated deception on the part of nations. That's why it's so important to figure out how to "*read between the lies*" of the mainstream media. …

ABS-CBN NEWS

Indonesian minister says swine flu could be man-made

ABS-CBN News, 28 April 2009, 03:22 PM
https://news.abs-cbn.com/world/04/28/09/indonesian-minister-says-swine-flu-could-be-man-made

Jakarta - Indonesian Heath Minister Siti Fadilah Supari said Tuesday the deadly swine flu virus could have been man-made, as she urged calm over its spread around the world..

The controversial minister did not elaborate but in the past she has said Western governments could be making and spreading viruses in the developing world to boost pharmaceutical companies' profits.

"I'm not sure whether the virus was genetically engineered but it's a possibility," she told reporters at a press conference called to reassure the public over the government's response to the swine flu threat.

No cases of the disease have been reported in Indonesia, the country worst hit by the bird flu virus which has killed about 250 people worldwide since 2003.

Indonesian authorities have increased body temperature scanners at airports and banned imports of live pigs and pork products, amid World Health Organisation (WHO) warnings of a pandemic.

Supari, a cardiologist, also claimed that the H1N1 strain of swine flu, which is believed to have killed more than 150 people in Mexico, could not survive in tropical countries like Indonesia.

"We have to be alert at all times although swine flu in Indonesia is not a cause for panic," she said.

"H1N1 survives in countries with four seasons. The type A H1N1 virus hopefully won't be able to sustain itself once it enters the tropical climate of Indonesia," she added.

The virus has been found in 11 countries including Mexico, the United States and Spain, while several other countries from Colombia to New Zealand are investigating suspected cases.

Supari said the health ministry had prepared 100 hospitals to handle swine flu cases should the disease enter Indonesia.

The minister has refused since 2006 to share all but a handful of Indonesia's bird flu virus samples with WHO researchers, saying the system is being abused by rich countries to develop profitable vaccines which poor countries must buy.

=> For more information about this topic see:
Chapter 5. Swine Flu may have Escaped from a Laboratory

Los Angeles Times

Lori Kozlowski

Is swine flu a conspiracy?

Los Angeles Times, 28 April 2009 12:44 PM PT
https://www.latimes.com/archives/blogs/booster-shots/story/2009-04-28/is-swine-flu-a-conspiracy

With so much worldwide panic and pressure surrounding swine flu, you had to guess that the conspiracy theorists would come out of the woodwork.

Everyone wants to find what pig was the original carrier. Everyone wants to know if the government is behind this. The FBI? The CIA? Is this is a great pandemic that was warned about by Nostradamus? Is Donald Rumsfeld secretly planning our demise to make money with Tamiflu? And who stands to gain?

As the news continues to break, and everyone wants to name a bad guy first, let's take a look at the theories swirling around the Interweb.

From Grist.org: Swine-flu outbreak could be linked to Smithfield factory farms
=> https://grist.org/article/2009-04-25-swine-flu-smithfield/

Is Smithfield Foods, the world's largest pork packer and hog producer, linked to the outbreak? Smithfield operates massive hog-raising operations Perote, Mexico, in the state of Vera Cruz, where the outbreak originated.

From MotherJones.com: Swine flu: Bringing home the bacon
=> https://www.motherjones.com/politics/2009/04/swine-flu-bringing-home-bacon/

As the world gears up once again for a flu pandemic that may or may not arrive (it actually seems possible this time), we might want to remember some of the lessons of the last flu scare. One of these is that there are winners as well as losers in every high-profile outbreak of infectious disease. First and foremost among them, of course, is Big Pharma, which can always be counted on to have its hand out wherever human misery presents an opportunity to rake in some cash.

From LayScientist.net:

This site wryly rounded up an array of blogs and tweets crying "Conspiracy!" A sample of the notes posted there:

ATTENTION AMERICA!!!! This is highly significant. The WHO 'Pandemic Control Room' is a creation of the Illuminati elite for the final 'end-game' killer virus mapping and tracking, and is thus equipped with super-computers tied to all U.N. member government's security forces.

Obama makes an official visit to Mexico, and a short week later, Mexico City schools, Universities and all PUBLIC BUILDINGS are shut down in pandemic fear -- (for the first time since the devastating 1985 earthquake!) Again, is this just a bizarre co-incidence?'

From Twitter:

How could we leave out the latest Internet phenomenon? Love it or hate it – Twitter is being talked about and used. Who knew that in 140 characters, hundreds of little tweet-ed paranoias could be passed and spread, much like a virus. From Twitter user @supergodiva:

- Is Swine Flu lethal Israeli scam to force Mexico=Gaza comparison via separation fence? =>
https://web.archive.org/web/20060601203928/http://www.haaretz.com/hasen/pages/rosnerBlog.jhtml?itemNo=719046&contrassID=25&subContrassID=0&sbSubContrassID=1&listSrc=Y&art=1

Ret. Army General Russell Honore asks @donlemoncnn 'Did this swine flu come out of a lab?' http://is.gd/uUaO'

Swine Flu reported as unusual as it affects the most healthy (20-45) vs weak kids/elderly. Perfect pathogen to quell dissent.

Finally, from NaturalNews.com:

The naturalists weigh in with "As Swine Flu Spreads, Conspiracy Theories of Laboratory Origins Abound." From the article:

It's not an unreasonable question to ask: Could world governments, spooked by the prospect of radical climate change caused by over-population of the planet, have assembled a super-secret task force to engineer and distribute a super virulent strain of influenza designed to 'correct' the human population (and institute global Martial Law)? => https://www.naturalnews.com/026141.html

So, what's the real truth here? One sick pig? Man-made lab experiment? Population control? Pharm companies cashing in? Rummy cashing in? Or a whole lot of floated hogwash?

What's your theory? Tell us in the comments below.

DH Dr. Leonard Horowitz

Dr. Leonard Horowitz

Mexican Flu Outbreak 2009 Special Report

YouTube, 28 April 2009
https://revolutiontelevision.net/video/mexican-swine-flu-outbreak-2009-special-report-by-dr-leonard-horowitz/

This unprecedented H1N1-H5N1 flu outbreak implicates the Ango-American Vaccine Pipeline, says world leading consumer health protector, Dr. Leonard Horowitz

Consider the skyrocketing stock values of Novavax, Inc., precipitated by dozens of alleged flu deaths in Mexico. Then investigate the leading Anglo-American network of genetic engineers manipulating, mutating, and distributing these viruses. The evidence compels you, for the benefit of public health and safety to seriously consider, even decree, a conspiracy to commit genocide, according to this Harvard trained expert in emerging diseases.

Here, Dr. Horowitz urges an investigation of Dr. James S. Robertson, Englands leading bioengineer of flu viruses for the vaccine industry, and avid promoter of U.S. Government funding for lucrative biodefense contracts, along with collaborators at the US Centers for Disease Control & Prevention (CDC). These suspects helped Novavax, Inc., in Bethesda, Maryland, produce genetically-modified recombinants of the avian, swine, and Spanish flu viruses, H5N1 and H1N1, nearly identical to the unprecedented Mexican virus that is allegedly spreading to the United States at the time of this posting. The outbreak was precisely timed to promote the companys new research and huge vaccine stockpiling contracts.

Scientists at the U.S. Centers for Disease Control (CDC) are implicated through collaborations and publications involving private contracts with Novavax, a company that obtains its biosimulars through CDC Influenza Branch director, Ruben O. Donis, and Dr. Rick Bright, previously working with Donis at the CDC, now Novavaxs Vice President of Global Influenza Programs.

Descriptions of this virus is pathognomonic, or diagnostic, of a virus that came from Robertsons circle of friends, Dr. Horowitz charges. No other group in the world takes H5N1 Asian flu infected chickens, brings them to Europe, extracts their DNA, combines their proteins with H1N1 viruses from the 1918 Spanish flu isolate, additionally mixes in swine flu genes from pigs, then reverse engineers them to infect humans. The end product could only have ended up in Mexico via the United States from Britain in care of the CDC. The CDC had to have sent them to Novavax, where Rick Brights team is now implicated in a conspiracy to commit genocide – the mass killing of people for profit.

Swine flu is a man made virus?

YouTube, 28 April 2009
https://www.youtube.com/watch?v=RnSX_jS0STA

Dr Len Horowitz Anglo American Flu Genocide

YouTube, 10 June 2009
https://www.youtube.com/watch?v=VjEh6BJvYnc
https://www.youtube.com/watch?v=oGDRUYPQDkM

The "Big One" is coming, experts say. The growing H1N1-H5N1 recombined flu pandemic implicates the Anglo-American Vaccine Pipeline, proves world leading consumer health protector, Dr. Leonard Horowitz, using documents published by implicated officials. ...

NWO Observer

Lajla Mlinarić Blake

Swine Flu Created in Lab as Bio-Weapon?

NWO Observer, 29 April 2009, 18:12
https://web.archive.org/web/20100624121808/http://nwoobserver.wordpress.com/2009/04/29/swine-flu-created-in-lab-as-bio-weapon/

According to a UN scientist, the swine flu virus, Ebola and HIV viruses were created artificially as military biological weapons…

According to the belief of two renowned reporters who spoke with top officials at the UN and WHO, the epidemic of the new strand of swine flu virus in Mexico is the result of an artificially created pathogen, the Online Journal reported.

Swine flu, Ebola and HIV were produced in laboratories

The reported from Mexico City claims that one of the leading UN scientists discovered certain joint transmission vectors, that is, the transmission of the swine flu virus is similar to the transmission of the Ebola virus and of the HIV/AIDS virus, which indicates that they were genetically modified with the aim of being military bio-weapons.

The UN scientist is convinced that the swine flu virus, A-H1N1, and Ebola and HIV viruses were in fact manufactured biological weapons.

As proof, they state that the usual process of transmission is that the virus is transmitted from a pig to a human, which is not the case in this outbreak because no case of a pig being infected with the A-H1N1 virus has been registered. Furthermore, the A-H1N1 virus partly contains American pig genes, partly human and bird flu strains and the virus of the Euro-Asian swine flu.

American military responsible

The other reporter, from Jakarta, claims that WHO leaders are worried that the current swine flu virus has been genetically modified to be transmitted from one species to another because of the fact that the A-H1N1 virus contains the genetic material of the H5N1 virus, that is, bird flu.

Allegedly, American scientists exhumed the body of a woman who died of the Spanish flu in 1918 and used the genetic material of the flu virus as the basis for the creation of the H5N1 virus through genetic manipulation. All this happened in laboratories at the Fort Detrick military base from which the new strain of anthrax called ames originated.

XstylëS

Свиной грипп из Мексики или заговор США?

XstyleS, 3 май 2009
https://xstyles.ru/razmyshlenie/111-svinojj-gripp-iz-meksiki-ili-zagovor-ssha.html

В начале марта публицист Сергей Дибров выступил с материалом «*Америка заметает следы*!»

Коротко: Компания Бакстер была замечена в подозрительных экспериментах по скрещиванию штаммов вируса гриппа человеческого и животного происхождения, что может быть особо опасно в общегуманитарных масштабах. Экспериментальные образцы были разосланы в партнёрские лаборатории восемнадцати стран, причём, без каких-либо необходимых в таких случаях примечаний. На момент выявления данного факта образцы были изъяты, а лабораторные сотрудники получили жёсткий карантин и были привиты противовирусными препаратами.

В европейской либеральной прессе шума не получилось – сообщения на эту тему стали попросту изымать.Теперь мы наблюдаем некий «свиной» грипп и компанию Бакстер, которая героически с ним борется на переднем крае вирусной войны – в Мексике. Не хочется фантазировать на тему разработки бактериологического оружия. Просто, всё это очень похоже на ещё один способ хорошо заработать на искусственно созданной болезни. Филиалы компании Бакстер представлены на территории России и Украины – вот, именно это и вызывает тревогу»

Поскольку появились сообщения о гибели людей в европейских странах, нам осталось ждать всего несколько дней, когда смерть примется косить и наши ряды. Об опытах коммерческих учёных, которые обслуживают не Науку и Человечество, а интересы конкретных корпораций, снято множество фильмов в тех же Штатах, и, можно сказать, население тщательно приготовили к раскрытию «страшной тайны», если секреты придадут огласке. Штамм вырвался из пробирки, и тайну пока что успешно заминают, но сценарий по её раскрытию уже, конечно, готов: придумают басню про зарвавшегося завлаба, который, подобно московскому майору, повздорил с женой и решил насолить всем людишкам, оставшимся равнодушными к его личной трагедии. Ну или типа того. Понятно, что завлаба найдут уже объеденным червями или язвами – в качестве справедливого возмездия.

А если серьёзно, то, например, версии о появлении того же ВИЧ аналогично восходят к американским медицинским опытам: тренировались на обезьянах – может, хотели сделать такую фигню, которая торкала бы исключительно любителей коммунизма (как версия), а фигня оказалась всеядной и быстренько побежала колошматить обычных граждан, начав, понятно дело, с «продвинутых» – с гомосексуалистов.

Вопрос стоит много шире, нежели просто очередной смертельный вирус – вопрос стоит о том, чтобы запретить коммерческим лабораториям заниматься исследованиями в тех областях, которые касаются искусственного создания болезней. Ведь что сделали в упомянутой конторе: там болезнь человека соединили с болезнью свиньи, и таким образом только свиные, грубо говоря, антибиотики на неё не действуют – равно как и только человеческие. Получился универсальный убийца, справятся с которым нескоро, потому что автор никогда открыто не скажет, что он и создал «свиной грипп».

Фактически речь идёт о том, что фармацевтические гиганты могут создавать новый виток глобальной «наркомании»: чтобы вы купили таблетки или ампулы с обычной наркотой, в вашем окружении должен нарисоваться дилер, а в вашей жизни – наступить «чёрная полоса». Обычный дилер может подождать такого стечения обстоятельств, а вот корпорации – нет: им нужен тот, кому жизненно необходимы «наркотики» прямо сейчас! Идеальный вариант – сделать человека зависимым при помощи вируса, болезни, которая уничтожается тем эксклюзивным, запатентованным средством, что есть только у этой корпорации. Конечно, для создания ажиотажа в аптеках нескольким тысячам придётся сдохнуть, но разве велика эта цена за миллионные партии лекарства от искусственной болезни?!

Удивляться такому цинизму уже не приходится – жизнь ничего не стоит, потому что у типового потребителя она и смысла особого не имеет. Если ты живёшь для того, чтобы работать, а работаешь, чтобы жить, то смешна цена такому прозябанию. Впрочем, и у таких животных есть право на жизнь: власти обязаны серьёзно разобраться с коммерческим научным миром и с коммерческими лабораториями, чтобы отобрать у них саму возможность креативить новую заразу.

Конечно, если только коммерческие лаборатории не являются просто неким «научным оффшором», местом, свободным для любых опытов, где спецслужбы занимаются антигуманными исследованиями, прикрываясь брендом. Этакие доктора Менгеле 21-го века. Думаю, как вариант – вполне жизнеспособная версия.

Richard Harris

New Strain May Edge Out Seasonal Flu Bugs

NPR, 4 May 2009, 12:03 PM ET
http://www.npr.org/templates/story/story.php?storyId=103711274&sc=emaf
https://web.archive.org/web/20090719002006/http://www.npr.org/templates/story/story.php?storyId=103711274&sc=emaf

Biologists say there's a good chance that the emerging flu strain could establish itself as the dominant strain of influenza in future flu seasons.

Three times in the last century, a substantially new flu virus has emerged and displaced the existing strains. That's quite different from the usual pattern, in which the circulating virus mutates just enough to keep vaccine makers tweaking their annual product.

"You can think of those strains, that vary from year to year, as though they were cousins in the same family. They are variations on a theme," says William Schaffner at Vanderbilt's medical school. But he says the emergence of this new virus is different. This virus, which originated partly in pigs, could be a game-changer.

"This one is completely new," Schaffner says. "This one is a stranger in town. We've never seen one like this before."

Pandemic Strains Become Dominant

The new swine flu virus has continued to spread, with more than 1,200 confirmed cases and 27 deaths worldwide. All but one of the fatalities occurred in Mexico, where officials decided Monday to allow most businesses to reopen Wednesday.

In the U.S., the number of confirmed cases stood at 310 in 37 states as of Monday evening.

The new swine flu virus is not merely a case of the usual gradual evolution. The big change scientists have seen with this strain is called a "shift."

The most infamous shift was the virus that appeared in 1917 and caused the deadly flu pandemic of 1918. That virus then became the dominant variety of flu for several decades. Then in 1957, it was displaced by another shift virus.

There was yet another shift in 1968, says Stephen Morse at Columbia University's Mailman School of Public Health.

"There does seem to be a rule of thumb about this, which is that every pandemic in the 20th century essentially established the variants that would become the circulating seasonal influenzas until the next pandemic came along to displace them," Morse says.

Each shift led to a stronger-than-usual flu season, but each one also calmed down after a year or two, once the population became exposed to the new viruses or were vaccinated. Morse says the question now is whether the new H1N1 swine virus will keep moving from person-to-person efficiently.

"If it continues like that, we'll expect to see this virus chugging along, and probably the next seasonal influenza will be a descendent of this one," Morse says.

Distant Cousins Provide Some Protection

The question, then, is how nasty the virus will end up being. Professor John Oxford at St. Bart's and the Royal London Hospital says there's some reason for cautious optimism.

"In one sense, it's one of the mildest shifts because most people on the planet have got some memory, have come across H1N1 viruses since 1978," Oxford says.

Even though health officials are calling this new virus H1N1, that's also the type of virus that's in wide circulation today. And it has an interesting history. It was the dominant flu virus through the 1920s, '30s and '40s. Oxford says it disappeared in 1957, when it was displaced by another flu virus. But then a strain of H1N1 suddenly reappeared in 1977.

"Now where could it have come from?" he asks. "We reckon now, in retrospect, it was probably released accidentally from a laboratory, probably in northern China or just across the border in Russia, because everyone was experimenting with those viruses at the time in the lab."

It was nothing malicious, Oxford believes, just some flu vaccine research that broke out of containment. The descendents of this virus are still circulating. He notes that most people who have encountered the newly emerged H1N1 virus seem to have developed only mild disease, and he speculates that's because we have all been exposed to a distant cousin, the H1N1 virus that emerged in the 1970s.

"That escaped virus perhaps will provide some benefit now in the face of this pig thing," Oxford says.

This is well-informed speculation, not iron-clad assurance. And there is another less reassuring lesson from the previous big shifts in flu viruses. They caused mild disease when they first appeared in the spring, but they all caused big flu seasons when they returned in the fall as the new dominant virus. That's one reason that health officials are taking the new virus very seriously.

Bloomberg

Jason Gale and Simeon Bennett

Swine Flu may be Human Error, Scientist says; WHO Probes Claim

Bloomberg, 12 May 2009 // 13 May 2009
https://web.archive.org/web/20100526000030/http://www.bloomberg.com/apps/news?pid=20601087&sid=afrdATVXPEAk&refer=home
https://web.archive.org/web/20120314201724/http://www.bloomberg.com/apps/news?pid=newsarchive&sid=afrdATVXPEAk
https://mapcruzin.com/news/swine-flu051309a.htm

May 13 (Bloomberg) – The World Health Organization is investigating a claim by an Australian researcher that the swine flu virus circling the globe may have been created as a result of human error.

Adrian Gibbs, 75, who collaborated on research that led to the development of Roche Holding AG's Tamiflu drug, said in an interview that he intends to publish a report suggesting the new strain may have accidentally evolved in eggs scientists use to grow viruses and drugmakers use to make vaccines. Gibbs said he came to his conclusion as part of an effort to trace the virus's origins by analyzing its genetic blueprint.

"One of the simplest explanations is that it's a laboratory escape," Gibbs said in an interview with Bloomberg Television today. "But there are lots of others."

The World Health Organization received the study last weekend and is reviewing it, Keiji Fukuda, the agency's assistant director-general of health security and environment, said in an interview May 11. Gibbs, who has studied germ evolution for four decades, is one of the first scientists to analyze the genetic makeup of the virus that was identified three weeks ago in Mexico and threatens to touch off the first flu pandemic since 1968.

A virus that resulted from lab experimentation or vaccine production may indicate a greater need for security, Fukuda said. By pinpointing the source of the virus, scientists also may better understand the microbe's potential for spreading and causing illness, Gibbs said.

Possible Mistake

"The sooner we get to grips with where it's come from, the safer things might become," Gibbs said by phone from Canberra yesterday. "It could be a mistake" that occurred at a vaccine production facility or the virus could have jumped from a pig to another mammal or a bird before reaching humans, he said.

Gibbs and two colleagues analyzed the publicly available sequences of hundreds of amino acids coded by each of the flu virus's eight genes. He said he aims to submit his three-page paper today for publication in a medical journal.

"You really want a very sober assessment" of the science behind the claim, Fukuda said May 11 at the WHO's Geneva headquarters.

The U.S. Centers for Disease Control and Prevention in Atlanta has received the report and has decided there is no evidence to support Gibbs's conclusion, said Nancy Cox, director of the agency's influenza division. She said since researchers don't have samples of swine flu viruses from South America and Africa, where the new strain may have evolved, those regions can't be ruled out as natural sources for the new flu.

No Evidence

"We are interested in the origins of this new influenza virus," Cox said. "But contrary to what the author has found, when we do the comparisons that are most relevant, there is no evidence that this virus was derived by passage in eggs."

The WHO's collaborative influenza research centers, which includes the CDC, and sites in Memphis, Melbourne, London and Tokyo, were asked by the international health agency to review the study over the weekend, Fukuda said. The request was extended to scientists at the Food and Agriculture Organization in Rome, the World Organization for Animal Health in Paris, as well as the WHO's influenza network, he said.

"My guess is that the picture should be a lot clearer over the next few days," Fukuda said. "We have asked a lot of people to look at this."

Virus Expert

Gibbs wrote or co-authored more than 250 scientific publications on viruses during his 39-year career at the Australian National University in Canberra, according to biographical information on the university's Web site.

Swine flu has infected 5,251 people in 30 countries so far, killing 61, according to WHO data. Scientists are trying to determine whether the virus will mutate and become more deadly if it spreads to the Southern Hemisphere and back. Flu pandemics occur when a strain of the disease to which few people have immunity evolves and spreads.

Gibbs said his analysis supports research by scientists including Richard Webby, a virologist at St. Jude Children's Research Hospital in Memphis, who found the new strain is the product of two distinct lineages of influenza that have circulated among swine in North America and Europe for more than a decade.

In addition, Gibbs said his research found the rate of genetic mutation in the new virus was about three times faster than that of the most closely related viruses found in pigs, suggesting it evolved outside of swine.

Gene Evolution

"Whatever speeded up the evolution of these genes happened at least seven or eight years ago, so one wonders, why hasn't it been found?" Gibbs said today.

Some scientists have speculated that the 1977 Russian flu, the most recent global outbreak, began when a virus escaped from a laboratory.

Identifying the source of new flu viruses is difficult without finding the exact strain in an animal or bird "reservoir," said Jennifer McKimm-Breschkin, a virologist at the Commonwealth Science and Industrial Research Organization in Melbourne.

"If you can't find an exact match, the best you can do is compare sequences," she said. "Similarities may give an indication of a possible source, but this remains theoretical."

The World Organization for Animal Health, which represents chief veterinary officers from 174 countries, received the Gibbs paper and is working with the WHO on an assessment, said Maria Zampaglione, a spokeswoman.

Genetic Patterns

The WHO wants to know whether any evidence that the virus may have been developed in a laboratory can be corroborated and whether there are other explanations for its particular genetic patterns, according to Fukuda. "These things have to be dealt with straight on," he said. "If someone makes a hypothesis, then you test it and you let scientific process take its course."

Gibbs said he has no evidence that the swine-derived virus was a deliberate, man-made product.

"I don't think it could be a malignant thing," he said. "It's much more likely that some random thing has put these two viruses together."

Gibbs, who spent most of his academic career studying plant viruses, said his major contribution to the study of influenza occurred in 1975, while collaborating with scientists Graeme Laver and Robert Webster in research that led to the development of the anti-flu medicines Tamiflu and Relenza, made by GlaxoSmithKline Plc.

Bird Poo

"We were out on one of the Barrier Reef islands, off Australia, catching birds for the flu in them, and I happened to be the guy who caught the best," Gibbs said. The bird he got "yielded the poo from which was isolated the influenza isolate strain from which all the work on Tamiflu and Relenza started."

Gibbs, who says he studies the evolution of flu viruses as a "retirement hobby," expects his research to be challenged by other scientists.

"This is how science progresses," he said. "Somebody comes up with a wild idea, and then they all pounce on it and kick you to death, and then you start off on another silly idea."

BMC Part of Springer Nature | Virology Journal

Adrian J Gibbs, John S Armstrong, Jean C Downie

From where did the 2009 'swine-origin' influenza A virus (H1N1) emerge?

Virol Journal, 24 November 2009, 6, 207.
https://doi.org/10.1186/1743-422X-6-207

Abstract

The swine-origin influenza A (H1N1) virus that appeared in 2009 and was first found in human beings in Mexico, is a reassortant with at least three parents.

Six of the genes are closest in sequence to those of H1N2 'triple-reassortant' influenza viruses isolated from pigs in North America around 1999-2000. Its other two genes are from different Eurasian 'avian-like' viruses of pigs; the NA gene is closest to H1N1 viruses isolated in Europe in 1991-1993, and the MP gene is closest to H3N2 viruses isolated in Asia in 1999-2000.

The sequences of these genes do not directly reveal the immediate source of the virus as the closest were from isolates collected more than a decade before the human pandemic started. The three parents of the virus may have been assembled in one place by natural means, such as by migrating birds, however the consistent link with pig viruses suggests that human activity was involved.

We discuss a published suggestion that unsampled pig herds, the intercontinental live pig trade, together with porous quarantine barriers, generated the reassortant. We contrast that suggestion with the possibility that laboratory errors involving the sharing of virus isolates and cultured cells, or perhaps vaccine production, may have been involved. Gene sequences from isolates that bridge the time and phylogenetic gap between the new virus and its parents will distinguish between these possibilities, and we suggest where they should be sought.

It is important that the source of the new virus be found if we wish to avoid future pandemics rather than just trying to minimize the consequences after they have emerged. Influenza virus is a very significant zoonotic pathogen. Public confidence in influenza research, and the agribusinesses that are based on influenza's many hosts, has been eroded by several recent events involving the virus.

Measures that might restore confidence include establishing a unified international administrative framework coordinating surveillance, research and commercial work with this virus, and maintaining a registry of all influenza isolates.

Washington's Blog

Health Organizations Checking Top Virus Scientist's Claim that Swine Flu May Have Escaped from Lab

Washington's Blog, 12 May 2009
https://web.archive.org/web/20090716201347/http://www.washingtonsblog.com/2009/05/health-organizations-checking-top-virus.html

Adrian Gibbs isn't a wild-eyed youth. He was one of the researchers whose worked was instrumental in the creation of the flu drugs Tamiflu and Relenza, and he has written or co-authored more than 250 scientific publications on viruses during his 39-year career at the Australian National University in Canberra.

The fact that Gibbs is saying that the swine flu may have escaped from a lab is causing the CDC and other health organizations to investigate his claim. They aren't buying it at this point, but they are looking into it.

Such speculation is not entirely new.

National Public Radio noted that Professor John Oxford at St. Bart's and the Royal London Hospital says that the 1957 H1N1 pandemic probably started when it escaped from a lab:

"We reckon now, in retrospect, it was probably released accidentally from a laboratory, probably in northern China or just across the border in Russia, because everyone was experimenting with those viruses at the time in the lab." It was nothing malicious, Oxford believes, just some flu vaccine research that broke out of containment.

Similarly, Bloomberg notes:

Some scientists have speculated that the 1977 Russian flu, the most recent global outbreak, began when a virus escaped from a laboratory.

It is also interesting that 2 of the 3 other flu pandemics of the last century - the 1918 Spanish Flu and the 1976 swine flu scare - both started at military bases. Specifically, the 1918 flu started at Fort Riley, Kansas. The 1976 swine flu started - and never spread beyond - Fort Dix, New Jersey. It is unclear whether or not those bases conducted defensive biowarfare research.

newser

Jason Farago

Swine Flu Came From Lab: Researcher
WHO investigates claim that H1N1 arose from human error

Newser, 13 May 2009, 4:22 AM CDT
https://www.newser.com/story/58841/swine-flu-came-from-lab-researcher.html

The World Health Organization is investigating a claim by an Australian researcher that the swine flu virus may have been created in a laboratory as a result of human error. Adrian Gibbs, who helped develop Tamiflu, said in an interview with Bloomberg that the new strain may have evolved in eggs that drug makers use to make vaccines. "One of the simplest explanations is that it’s a laboratory escape," he said.

Gibbs came to suspect human error behind swine flu after analyzing the genetic blueprint of the H1N1 strain. The rate of genetic mutation in the new virus was about three times faster than similar viruses in pigs, which suggests it evolved outside of swine populations, he said. CDC officials in Atlanta said there was no evidence to support Gibbs' claim.

Barbados Free Press

Swine Flu A Laboratory Creation Let Wild?
World Health Organization Launches Serious Investigation After Roche Tamiflu Scientist Report

Barbados Free Press, 13 May 2009, 1:38 PM.
https://barbadosfreepress.wordpress.com/2009/05/13/swine-flu-a-laboratory-creation-let-wild-world-health-organization-launches-serious-investigation-after-roche-tamiflu-scientist-report/

Tamiflu Scientist Adrian Gibbs Says Swine Flu Might Be Lab Escape

From Bloomberg.com ...
Swine Flu May Be Human Error; WHO Investigates Claim (Update1)

By Jason Gale and Simeon Bennett

May 13 (Bloomberg) — The World Health Organization is investigating a claim by an Australian researcher that the swine flu virus circling the globe may have been created as a result of human error.

Adrian Gibbs, 75, who collaborated on research that led to the development of Roche Holding AG's Tamiflu drug, said in an interview that he intends to publish a report suggesting the new strain may have accidentally evolved in eggs scientists use to grow viruses and drugmakers use to make vaccines. Gibbs said he came to his conclusion as part of an effort to trace the virus's origins by analyzing its genetic blueprint.

"One of the simplest explanations is that it's a laboratory escape," Gibbs said in an interview with Bloomberg Television today. "But there are lots of others."

The World Health Organization received the study last weekend and is reviewing it, Keiji Fukuda, the agency's assistant director-general of health security and environment, said in an interview May 11. Gibbs, who has studied germ evolution for four decades, is one of the first scientists to analyze the genetic makeup of the virus that was identified three weeks ago in Mexico and threatens to touch off the first flu pandemic since 1968…

... continue reading this Swine Flu Origins article at Bloomberg.com
https://web.archive.org/web/20100526000030/http://www.bloomberg.com/apps/news?pid=20601087&sid=afrdATVXPEAk&refer=home

=> the same text

THE TIMES OF INDIA

Human error behind H1N1? WHO probes

The Times of India, May 14, 2009
http://timesofindia.indiatimes.com/articleshow/4527107.cms?utm_source=contentofinterest&utm_medium=text&utm_campaign=cppst

novinite.com
Sofia News Agency

Swine Flu May Be Human Error – Researcher

Novinite.com, 13 May 2009
https://www.novinite.com/articles/103560/Swine+Flu+May+Be+Human+Error+-+Researcher

The World Health Organization is investigating a claim by an Australian researcher that the swine flu virus circling the globe may have been created as a result of human error.

Adrian Gibbs, 75, who collaborated on research that led to the development of Roche Holding AG's Tamiflu drug, said in an interview for Bloomber Television that he intends to publish a report suggesting the new strain may have accidentally evolved in eggs scientists use to grow viruses and drugmakers use to make vaccines.

Gibbs said he came to his conclusion as part of an effort to trace the virus's origins by analyzing its genetic blueprint.

"One of the simplest explanations is that it's a laboratory escape," Gibbs said in an interview with Bloomberg Television today. "But there are lots of others."

"The sooner we get to grips with where it's come from, the safer things might become," Gibbs said by phone from Canberra yesterday.

"It could be a mistake" that occurred at a vaccine production facility or the virus could have jumped from a pig to another mammal or a bird before reaching humans, he said.

The World Health Organization received the study last weekend and is reviewing it.

Lee Ferran, Josh Gaynor

Tamiflu Developer: Swine Flu Could Have Come From Bio-Experiment Lab

ABC News, 14 May 2009
https://abcnews.go.com/GMA/SwineFlu/story?id=7584420&page=1
https://web.archive.org/web/20110629050551/http://abcnews.go.com/GMA/SwineFlu/story?id=7584420&page=1

An Australian researcher claims the swine flu, which has killed at least 64 people so far, might not be a mutation that occurred naturally but a man-made product of genetic experiments accidently leaked from a laboratory – a theory the World Health Organization is taking very seriously.

Adrian Gibbs, a scientist on the team that was behind the development of Tamiflu, says in a report he is submitting today that swine flu might have been created using eggs to grow viruses and make new vaccines, and could have been accidently leaked to the general public.

"It might be some sort of simple error that's not being recognized," Gibbs said on ABC's "Good Morning America."

In an interview with Bloomberg Television, Gibbs admitted there are other ways to explain swine flu's origin. "One of the simplest explanations if that it's a laboratory escape, but there are lots of others," he said.

In the United States, the Centers for Disease Control and Prevention says it has reviewed Gibb's report but says there is no evidence to support his claims, a conclusion many experts found comforting.

"Technically it's plausible but not likely," Christopher Ohl, an associate professor of medicine at Wake Forest University School of Medicine, and a specialist in infectious diseases.

"In this case I'm not concerned that this virus represents anything other than a naturally occurring mixture of viruses happening in nature," concluded Dr. Julie Gerberding, an infectious disease expert and the former director of the CDC.

Laboratory Safety

Regardless of the validity of Gibb's claims, he and several experts say that just bringing the idea of laboratory security to the public's attention is important. "There are lives at risk," Gibbs said. "The sooner this idea gets out, the better."

In 2001, foot-and-mouth disease led to the slaughter of more than 6 million animals, all after a vial went missing from a research laboratory in the United Kingdom. Since then, however, experts said lab security and regulations have been getting tighter and better. "Laboratories have a lot of security from having this happen, and it's very unlikely," Ohl said of the new theory about swine flu's origin.

Though Outbreak Seems to Slow, Experts Warn of Possible Surge

Even though the swine flu outbreak in Mexico is waning and the country reopened schools and businesses earlier this month, international health officials have still not ruled out the chance of a new surge in swine flu cases.

And infectious disease experts said that it is too early to say that we are out of the woods when it comes to the disease.

Dr. Gregory Poland, professor of medicine and infectious diseases at Mayo Clinic in Rochester, Minn., said that it is "way too early to 'pull back' yet in our level of concern.

"Always expect the unexpected from influenza," Poland said.

"While there are some signs that are reassuring, less severity, decrease cases in Mexico, et cetera, I believe we are not out of the woods yet," agreed Ohl. "I am concerned this virus is with us for a while. It could change, become more virulent, have an increased secondary transmission rate ... in the future."

The virus, according to the World Health Organization report today, has spread to 33 countries, 6,497 cases have been reported and more than 60 people have died after infected.

The WHO continues to urge individuals to "delay travel plans" in hopes of stemming the spread of the disease.

ABC News' Ammu Kannampilly and Theresa Cook contributed to this report.

eXaminer.com

Fred Burks

Tamiflu developer: Swine flu possibly man-made

eXaminer, 14 May 2009, 9:49 AM
https://web.archive.org/web/20090518024814/http://www.examiner.com/x-6495-National-Intelligence-Examiner~y2009m5d14-Tamiflu-developer-Swine-flu-possibly-manmade

Adrian Gibbs, a scientist on the team that developed Tamiflu, has submitted a report today stating that swine flu may have been man-made. The WHO is reviewing his claim.

An ABC News article published today on this revelation states: "Adrian Gibbs, a scientist on the team that was behind the development of Tamiflu, says in a report he is submitting today that swine flu might have been created using eggs to grow viruses and make new vaccines, and could have been accidently leaked to the general public."

What would cause one of the developers of the medication that is recommended as treatment for swine flu to come out with such a bold statement? Why would he risk his reputation in writing such a controversial report? Could Gibbs know something that is being hidden from the public? Could he possibly feel some remorse about the way his research and development with Tamiflu is being used?

The ABC article does not mention the prime suspect in this case, Fort Detrick, Maryland. For decades, Fort Detrick has been a center of research into biological defense and warfare. On the official website, Fort Detrick is described as "home to the United States Army Medical Research and Materiel Command, the National Cancer Institute and 37 mission partners. The primary missions include biomedical research and development, medical materiel management and global telecommunications. We are also home to a National Interagency Confederation for Biological Research and National Interagency Biodefense Campus."

Numerous researchers of these matters have long claimed that biodefense research centered at Fort Detrick has been actively developing and testing highly dangerous viruses which, if released, could spread deadly pandemics around the globe. A few researchers, such as Dr. Leonard Horowitz, even believe that rogue elements of government may have already released some of these dangerous viruses into the public to forward their own hidden agendas. Could this be what Tamiflu developer Adrian Gibbs is referring to?

A webpage posted by the highly respected Dr. Mercola on his popular health website mercola.com is titled "Critical Alert: The Swine Flu Pandemic – Fact or Fiction?" This excellent webpage has received over one million visits since being posted on April 29th. In this informative essay, Dr. Mercola states, "[The swine flu] has a noticeable subplot - preparing you for draconian measures to combat a future pandemic as well as forcing you to accept the idea of mandatory vaccinations." He mentions the previous swine flu in 1976 when only one person actually died, yet fear-mongering by the government led to massive vaccinations, which in turn caused at least 30 deaths as a direct result of contaminated vaccines.

Dr. Mercola, Dr. Horowitz, and many others have pointed out how the fear generated by the media and government with the avian and swine flu has made some individuals very wealthy. Former Secretary of Defense Donald Rumsfeld alone added $5 million to his investment portfolio thanks to massive sales of Tamiflu during the avian flu scare, which never materialized. Note that Tamiflu is also being recommended for the current swine flu scare.

How much of the swine flu scare is real and how much is fear mongering? Could it be that certain members of the power elite profit handsomely when fear is spread around the globe through exaggerated alerts such as the avian flu and swine flu scares? Could there actually be deadly man-made viruses created at Fort Detrick and elsewhere, which if released could cause a true pandemic killing millions around the globe? These are important questions worth exploring.

If you are interested in learning more from reliable sources and working to make a difference on this vital topic, the box immediately below provides several excellent ideas on what you can do. We also invite you to comment below and let us know your thoughts. Do you think rogue elements of government might have had something to do with the swine flu scare?

CIDRAP

Robert Roos

WHO rejects idea that novel H1N1 virus is lab-derived

CIDRAP, 14 May 2009
https://www.cidrap.umn.edu/avian-influenza-bird-flu/who-rejects-idea-novel-h1n1-virus-lab-derived

May 14, 2009 (CIDRAP News) – An international group of experts has examined and rejected the idea proposed recently by an Australian scientist that the novel H1N1 influenza (swine flu) virus is the product of a laboratory accident, the World Health Organization (WHO) reported today.

"The group of scientists feels that this hypothesis does not really stand up to scrutiny, that the evidence suggests that this is a naturally derived virus, and not a laboratory-derived virus," said Dr. Keiji Fukuda, WHO assistant director-general for health security and environment, at a press briefing today.

Adrian Gibbs, 75, a veteran flu researcher, said recently that he had concluded from his analysis of the virus's genetic sequence that it might have evolved in eggs used by scientists to grow viruses and by drug companies to make flu vaccines. Gibbs said he intended to publish a scientific paper describing his hypothesis, according to a May 13 Bloomberg News report.

Fukuda said Gibbs contacted the WHO May 9 to communicate his idea, which he had arrived at by studying genetic data deposited in public databases, not from studying the virus directly.

"Because of the nature of the hypothesis and the credible nature of the scientist, we took this seriously," Fukuda said. The Bloomberg story said Gibbs was involved in research that led to the development of oseltamivir (Tamiflu).

After hearing Gibbs' idea, the WHO asked five of its collaborating centers to evaluate it, Fukuda said. A day later the agency asked the United Nations Food and Agriculture Organization (FAO) and the World Organization for Animal Health (OIE) to do the same. WHO officials discussed the hypothesis with a large group of experts in both human and animal influenza 2 days ago, he said. They concluded that Gibb's proposition didn't fit the evidence.

Fukuda added that the WHO will need to review Gibbs's research article when it is published, but he indicated that it is unlikely to change the experts' conclusions.

He cited the episode as a positive example of rapid, open scientific communication and debate on medical issues, facilitated by putting genetic data in public repositories.

"We live in an age when it's really not possible to hide things," he said. "It's all for the better as far as I'm concerned. Maybe it means a little more work, but you can also address it in a way which is convincing to people."

"This is much better than dealing with rumors in which the basis for the rumor is not clear and then dealing with answers in which the basis of the answer is not clear," he added.

In response to a question, Fukuda said Gibbs suggested that the novel virus seems to have an increase in lysine (an amino acid) residues and that it sits out on a "long branch" of the influenza phylogenetic tree in comparison with other swine flu viruses. He said it is known that growing flu viruses in eggs can lead to an increase in lysine residues.

However, human, avian, and swine flu viruses differ somewhat in this respect, Fukuda said, adding, "After discussion and looking at older swine influenza viruses, it was concluded that the amount of lysine being seen was in fact very consistent with the natural increase in lysine being seen in swine flu viruses."

Also, the experts who evaluated the hypothesis said that because of historical gaps in swine flu genetic data, many swine flu viruses are somewhat isolated on the phylogenetic tree, so Gibbs' observation on this point was nothing unusual, according to Fukuda.

In other comments at today's briefing, WHO spokesman Gregory Hartl announced that the agency's daily briefings would be suspended for about a week because of upcoming WHO meetings.

A WHO-hosted intergovernmental meeting on virus sharing will begin tomorrow, Hartl said. That will be followed by the World Health Assembly, the annual meeting of WHO member countries, which runs all of next week.

The intergovernmental meeting will deal with the sharing of viral isolates and access to vaccines and other products derived from them, an issue pursued by Indonesia in relation to H5N1 avian flu in recent years.

In other comments at today's briefing:

- Fukuda said experts who met today to discuss whether to recommend mass production of a vaccine for the novel H1N1 virus will probably need to meet several more times before they can come to a conclusion.

- He said the WHO has not seen any evidence that the novel virus is resistant to the antiviral drugs in use (oseltamivir and zanamivir), and the agency is not making any changes in its recommendations on antiviral use.

- The WHO continues to be concerned about the fact that most of the people infected with the H1N1 virus have been young, he said. About half of those who died were healthy and had no predisposing conditions. "It's highly unusual for young, healthy people to die from influenza," he said. "So this is a pattern which is different than what we see with normal influenza," though it has been seen in previous pandemics.

The New York Times

Donald G. McNeil Jr.

Swine Flu Not an Accident From a Lab, W.H.O. Says

The New York Times, 14 May 2009, p. A12
https://www.nytimes.com/2009/05/15/health/policy/15flu.html
https://web.archive.org/web/20110403002252/https://www.nytimes.com/2009/05/15/health/policy/15flu.html

The swine flu virus did not result from a laboratory accident, the World Health Organization said Thursday, working to debunk rumors started by an Australian virologist and circulated by news outlets all over the world.

"We took this very seriously," Dr. Keiji Fukuda, the agency's deputy director general, said of the virologist's assertion. "But the evidence suggests that this is a naturally occurring virus, not a laboratory-derived virus."

In a telephone news conference, Dr. Fukuda also expressed support for drug companies' making a generic version of the antiviral drug Tamiflu. Many poor countries have no stockpiles of the drug.

Almost 6,500 confirmed cases of the new H1N1 flu have been reported from 33 countries, and 65 people have died, the W.H.O. said. About 4,300 confirmed and probable cases, with 3 deaths, were reported in the United States.

A woman in Arizona who was suffering from lung disease died last week from complications of swine flu, the Maricopa County Department of Public Health said late Thursday, Reuters reported.

The virus rumor was started by Adrian J. Gibbs, a retired plant virologist from the Australian National University, who previously published work in the journal Science questioning the idea, now accepted, that the 1918 pandemic started as a bird flu.

Dr. Gibbs, who had studied the gene sequences of the swine flu virus posted on public data banks, argued that it must have been grown in eggs, the medium used in vaccine laboratories. He reached that conclusion, he said, because the new virus was not closely related to known ones and because it had more of the amino acid lysine and more mutations than typical strains of swine flu.

His theory was reported by Bloomberg News on Tuesday. Even though scientists at the Centers for Disease Control and Prevention were skeptical and some prominent virologists openly derisive, news outlets have repeated and magnified the theory, adding speculation about bioterrorism that even Dr. Gibbs repudiated. He was also interviewed Thursday on the ABC News program "Good Morning America."

Dr. Fukuda said a W.H.O. panel of experts had concluded that "the hypothesis does not really stand up to scrutiny." The lysine residues and mutation rates were typical, he said, and many swine flus seem unrelated because not enough pigs are tested each year.

But he added that he doubted that the rumor would prove damaging, and he said he would not want genetic sequences kept off public databases.

“This is healthy,” he said. “This is much better than dealing with rumors where you don’t know where the mistake comes from and can’t correct it.”

Persistent false rumors, like those that AIDS is not caused by a virus or that polio vaccine sterilizes Muslim girls, have devastated efforts to control other diseases.

Scientists have yet to pinpoint the origin of the swine flu virus, the earliest cases of which were found in Veracruz, Mexico. It contains genes from flu viruses that normally circulate in pigs in Europe and Asia, as well as avian and human genes.

Late Thursday, Smithfield Foods reported that the Mexican health authorities had not found the new virus in herds at its huge hog-fattening operations in Veracruz, which some have blamed for the outbreak. But it was not clear what test was used; only blood tests for antibodies would show whether pigs had the virus in February, when the human outbreak is thought to have begun.

As for the use of oseltamivir, the generic form of Tamiflu, the W.H.O. has certified only one drug – Antiflu, made by the Indian company Cipla in both pill and liquid forms – as equivalent to brand-name Tamiflu.

Dr. Yusuf K. Hamied, Cipla’s chairman, said he would sell large amounts to Mexico and was in discussion with countries in Africa, Latin America and the Middle East.

The move could prompt patent lawsuits by Gilead Sciences and Roche, which developed and sell Tamiflu, so Cipla will sell only to countries indemnifying them against such suits, the company said.

Roche has offered 6.5 million doses of Tamiflu to the World Health Organization and 1 million doses to Mexico.

Dr. Hamied, reluctant to buy supplies for orders that might not materialize, said that poor countries should stockpile shikimic acid, the oseltamivir precursor, then pay Cipla or other generic companies to make the drug as needed.

The swine flu may cause the W.H.O. to cut short its nine-day annual conference of world health ministers so they can get home to fight the disease, Reuters reported.

GlobalResearch

Michel Chossudovsky, Prof.

The A H1N1 Pandemic: Pig to Human Transmission of the Swine Flu?

Global Research, 15 May 2009.
http://www.globalresearch.ca/index.php?context=va&aid=13622

The initial outbreak of the H1N1 swine virus is said to have occurred in Mexico. The emphasis, at the political level, has been on tracking the spread of the Mexican swine flu virus as well controlling and monitoring the movement of people in and out of Mexico. A global campaign of fear and insecurity was unleashed following the WHO April 28 announcement of a phase 5 pandemic. The decision of the WHO, which was taken after consultations with Washington and Brussels, was based on unconfirmed and incomplete data regarding the spread of the swine flu and the numbers of cases.

What proves that Mexico was the epicentre of the WHO's global swine flu pandemic?

There are several important issues underlying this question:

1. The official data pertaining to morbidity and mortality were, in numerous cases, both in Mexico, the US and around the World, **not firmly corroborated by laboratory testing of the H1N1 virus.**

A large number of so-called recorded cases were the result of data manipulation. The Mexican data used by the WHO to justify the phase 5 pandemic, largely pertained to cases of non-specific rather than laboratory confirmed H1N1 influenza. Out of the 159 deaths reported prior to the WHO's decision on April 28th, only 7, according to official sources, had been corroborated by laboratory tests of H1N1 infection.

Another case in point, which directly implicates the Atlanta based Centers for Disease Control and Prevention (CDCP), was an April 30 report by the CDCP entitled *Swine-Origin Influenza A (H1N1) Virus Infections in a School — New York City.* The report outlines swine flu infection among New York school children, when in fact the children had been infected with a non-specific influenza. None of these cases were corroborated by laboratory testing:

In the first week in May, "the CDC claimed 109 victims of confirmed swine flu in the United States. Forty five of the 109 came from this New York School. The TV news channels were flooded with panic messages of the uncontrolled spread of Swine Flu." (see William Engdahl, Flying Pigs and the WHO, Global Research, May 2009)

The question is: can we trust the official figures and statements.

2. Numerous cases of alleged H1N1 infection in North America, the Europe Union and other countries have been reported, which bear no causal relationship to the Mexican outbreak, namely they *cannot be traced back to Mexico.*

Are the cases of H1N1, reported in different countries, the consequence of a process of international transmission of the swine flu virus, or are they the result of a pre-existing situation? Or are they the consequence of a process of incorrect and misleading recording of the data. In other words, were these various "recorded cases" corroborated by lab testing of the H1N1 virus?

3. According to a recent report (Bloomberg, May 12, 2009) which was barely publicised, a prominent scientist directly involved in the development of Tamiflu points to the possibility that **the H1N1 strain "resulted from lab experimentation or vaccine production".** According to professor Adrian Gibbs of the Australian National University (ANU), the virus which "escaped from a lab", was the direct product of a laboratory experiment by the company which produces Tamiflu.

" "It could be a mistake" that occurred at a vaccine production facility or the virus could have jumped from a pig to another mammal or a bird before reaching humans, he said." (Ibid)

There have been several previous unconfirmed reports on the issue. Professor John Oxford of St. Bart's and the Royal London Hospital contends that "the 1957 H1N1 pandemic probably started when it escaped from a lab" (National Public Radio, May 4, 2009).

While the findings of Professor Gibbs require further investigation, they, nonetheless, raise the broader issue of transmission out of a laboratory, not to mention the underlying geographic location of a laboratory. The WHO is investigating the findings of Professor Gibbs.

4. The issue of pig to human transmission of the virus has been carefully overlooked. Can pigs infect humans with swine flu? This question is fundamental in assessing the origins as well as the causes of the pandemic.

Are industrial hog farms a source of infection? *A priori*, industrial hog farms are ruled out as a possible source of viral infection both by the WHO and the Atlanta based CDCP: "The World Health Organization has insisted there is no evidence that pigs are passing the virus to humans, or that eating pork products poses an infection risk." (Canadian Press, May 2, 2009)

Ironically, while denying pig to human transmission of the swine flu, health authorities do not deny the transmission of the H1N1 from humans to pigs.

Pig to Human Transmission of Swine Flu

The focus of the WHO and the Atlanta based CDCP has been on human to human transmission of the swine flu virus, from one country to another, while carefully avoiding the broader issue of pig to human transmission.

The WHO has argued that in the case of the H1N1 swine flu strain (a hybrid combination of human, pig and avian flu), there is no possible transmission from pigs to humans. This assessment implies that the health and environmental conditions on the hog farms have nothing to do with the spread of the virus.

While one of the first cases of the H1N1 influenza was recorded in the municipality of Perote, State of Veracruz, which houses an extensive hog farm industry, Mexican public health officials are categorical: the environmental and health conditions in the hog farms are not the cause of the transmission.

The City of La Gloria, Perote, is a company town, which is described in some Mexican reports as the pandemic's "ground zero". The employer is Granjas Carroll, a joint venture between the World's largest hog producing company Smithfield and its Mexican partner Agroindustrias Unidas de Mexico (AUM). The Smithfield project in Perote Municipality includes 16 farms and an annual output of more than one million pigs.

According to official Mexican data, there is no tangible evidence of swine flu within the Perote hog farms, namely the pigs were not infected. A number of other ailments could, however, have been triggered among the population as a result of the health and environmental conditions in the factory farms.

The broader question is whether we can actually trust the data.

Scientific Evidence of Pig to Human Transmission

A recent authoritative study by the John Hopkins School of Public Health on Industrial Farm Animal Production (IFAP) refutes the statements of the WHO. It confirms that IFAP hog farms are not only the source of contamination of surrounding groundwater but also of the spread of novel viruses including swine flu (See Pew Commission on Industrial Farm Animal Production, Pew Foundation and Bloomberg and John Hopkins School of Public Health, Putting Meat on the Table Industrial Farm Animal Production in Americas, see also Washington Post, May 9 2009).

These viruses can be transmitted from pigs to humans and then "from person to person in a community setting and well beyond." (Ibid) The transmission can also occur in the food chain. The virus contaminates the meat which is then consumed:

"An infectious agent that originates at an IFAP facility may persist through meat processing and contaminate consumer food animal products, resulting in a serious disease outbreak far from the ifap facility" (See Putting Meat on the Table Industrial Farm Animal Production in Americas, p. 11.)

Canadian Pigs Infected by the "Mexican Flu"

While the data regarding Granjas Carroll in Perote Municipality, remains inconclusive, there is evidence, confirmed by official reports, that at least one hog farm outside Mexico was infected by the H1N1 virus.

In early May, health authorities in Canada reported on a rather unusual case whereby an entire hog farm in the province of Alberta became infected with the H1N1 swine flu. A Mexican carpenter, returning from Mexico to a hog farm in central Alberta where he was employed, allegedly infected 220 hogs out of a total of 2200.

While denying the possibility that pigs could infect humans, Canadian officials contend that the pigs were infected by the Mexican carpenter, who had returned from Mexico:

"The farm worker returned to Canada from Mexico on April 12 and had contact with the pigs two days later. About 220 pigs in the herd of 2,200 began showing signs of the flu on April 24, said the country's top veterinary officer, Dr. Brian Evans of the Canadian Food Inspection Agency.

All of the pigs are recovering or have recovered and the farm worker has also recovered.

One other farm worker subsequently fell ill. It's not yet known if that person caught the swine flu.

Bulletins were sent to Alberta pork producers warning them of the possible danger that swine flu could present to their herds on April 24, said Gerald Hauer, the province's chief provincial veterinarian. But by that time, the farm worker was already back from Mexico and on the job at the 2,200-hog operation. "He was in the barn, doing his work on April 14," Hauer said.

The farmer notified provincial officials that an unspecified number of his animals were showing flu symptoms on April 28. The barn was quarantined later that day and remains under quarantine." (Canadian Press, May 3, 2009)

The Alberta hog farm, which is part of an evolving saga, is central to an understanding of the origins of the pandemic, namely that pigs on IAFP farms in North America could potentially be the source of pig to human infection.

Stage One. Mexican Carpenter infects the Pigs, Owner of the Farm and Family

The official version is that *the hogs were infected by a Mexican worker.*

According to the first press reports, the owner of the hog farm and his family as well as the pigs were infected by the Mexican worker. These official reports pointed unequivocally to Mexico as the source of the infection on the alberta hog farm.

Stage Two: Owner and Family of Hog Farm Test Negative

It was subsequently confirmed after laboratory confirmation that the owner and family members tested negative to the H1N1 virus.

"Canada's chief public health officer says *the people who live on an Alberta pig farm where pigs were found to be infected with swine flu have tested negative for the virus.*

A number of people living on the unidentified pig farm experienced flu-like symptoms after the pigs fell ill and *were tested to see if they too were infected.*

But Dr. David Butler-Jones says tests suggest *the people were not infected with the H1N1 swine virus.* (Edmonton Sun, May 5, 2009)

The official version is that the Mexican worker infected the pigs but not the people on the farm.

Stage Three: Mexican Carpenter Tests Negative

The Mexican carpenter also tested negative to the virus, which suggests that he could not be the source of a human to pig transmission:

The pigs are thought to have been infected by a worker who had been in Mexico and was ill on his return to work in mid-April. *The unidentified carpenter also tested negative for the virus*, … (Edmonton Sun, May 5, 2009)

Stage Five: The Official Story Sticks. The Mexican carpenter infected the Pigs

Following the release of the lab reports confirming that the Mexican carpenter tested negative to the H1N1 virus, one might have expected that the Canadian authorities would have broadened their assumptions. If the Mexican worker tests negative, what are the likely causes of the H1N1 infection on the Alberta hog farm?

Despite the visible lack of reliable evidence, the Mexican farm worker is still considered to be the source of the infection.

The official story sticks.

"Butler-Jones says, though, that there may have been "sampling issues" and blood samples from the people will be tested for antibodies to look for a definitive answer on whether they were infected. He won't say how many people were tested or what he means by sampling issues." (ibid) One might reasonably ask: was the culling intended to get rid of the evidence of infection on the hog farm?

A few days, following the report, Canadian officials announced that one quarter of the herd including the infected pigs had been culled. The pigs were infected by a Mexican. Canadian health officials believe that he tested negative to the H1N1 "because he was too far along in his recovery"**.** They have ordered new blood tests, "looking for antibodies to the new H1N1 swine flu virus". (Canadian Press, May 6, 2009)

Stage Six: Culling the Infected Pigs. Covering Up the Evidence?

The pigs are infected. But all the humans on the hog farm, including the Mexican carpenter, test negative. No report has been released regarding the results of the antibody test.Culling is defined as killing animals "with undesirable characteristics", namely getting rid of the infected hogs.

Canadian animal health officials are categorical the culling is not related to the fact that the animals are infected with the H1N1 virus:

"*This doesn't have anything to do with the flu*," Hauer told a news conference. "It has to do … with animal welfare." The decision to cull the herd [500 heads] was to ease overcrowding, Dr. Gerald Hauer said Saturday.

"Due to the quarantine, these animals cannot be moved off the farm as they normally would. The living conditions would soon become unacceptable due to overcrowding and they (the pigs) would have been in distress," Hauer said. (CBC, May 10,2009)

Concluding Remarks

The evidence of person to person transmission across international borders remains to be firmly established. The US authorites have used the Mexican flu outbreak as a pretext to tighten up security on the US-Mexican border,

Did the pandemic originate in Mexico. The evidence is contradictory.

Many of the reported cases in Canada, the US, and around the World, cannot be traced back to the epicenter of the virus in Mexico.

These cases were discovered and reported following the Mexican outbreak. The question is whether they were "discovered" as a result of a process of laboratory examination or were recorded without adequate testing. Are these figures reliable. Are they the product of data manipulation with a view to creating an atmosphere of fear and panic.

Is the H1N1 swine virus prevalent in industrial hog farms?

Visibly there was an outbreak of swine influenza in a central Alberta hog farm, confirmed by the Canadian health authorities. The pigs tested positive to the H1N1 virus, according to the official report. People on the farm tested negative. Canadian officials have failed to address the exact causes of the swine flu on the Albertan hog farm. It is worth noting that there was intense lobbying by the pork industry to change the name of the virus, from swine flu to A H1N1 influenza.

If the Mexican carpenter is not the source of the infection, this suggests that the H1N1 swine flu was already prevalent in the Alberta hog farm and had noting to do with the outbreak in Mexico. This in turn raises the broader issue of H1N1 swine flu infection in similar Canadian and US hog farms as well as the issue of pig-human transmission of the virus.

What happened on the Alberta hog farm, therefore, could potentially upset North America's industrial hog production.

Science

Yudhijit Bhattacharjee

Unlogged Pathogen Samples Found at Fort Detrick

Science, 17 June 2009.
https://www.science.org/content/article/unlogged-pathogen-samples-found-fort-detrick

A 4-month effort to inventory the contents of freezers and refrigerators at the United States Army Medical Research Institute of Infectious Diseases (USAMRIID) in Fort Detrick, Maryland, has turned up 9,220 vials of dangerous pathogens and toxins that were not listed in USAMRIID's database.

USAMRIID officials announced at a press conference today that the institute has resumed all of its research activities, which were suspended in early February to enable a complete accounting of select agents at the premier biodefense lab. The institute has been under intense public scrutiny since last summer when the Federal Bureau of Investigation's implicated former USAMRIID researcher Bruce Ivins in the 2001 anthrax letter attacks.

The labs at USAMRIID house more than 70,000 vials of select agents and toxins, including samples of Ebola, anthrax, and other deadly germs. Officials decided to conduct a full inventory of the materials after researchers found four vials of Venezuelan Equine Encephalitis in a freezer that had never been entered into the institute's electronic database, created in 2005. They turned out to be just the tip of the iceberg. The inventory showed that 13% of the vials at the institute were not in the database, which officials had been using to keep track of materials.

Most of the unlisted vials were materials left behind by researchers who had left the institute before 2005, Col. Mark Kortepeter, USAMRIID's deputy commander, told reporters at today's press conference. "The vast majority of these were working stocks that had accumulated over several decades," he said, explaining that the initial inventory for the electronic database 4 years ago had focused on vials that were in active use. Kortepeter said it was very "unlikely" that any unlisted vials had been lost or stolen.

About half of the 9220 vials were destroyed after scientists determined that the materials in them were of limited scientific value, Kortepeter said. The rest were added to the database. The institute plans to conduct a 100% inventory every year from now on, he said.

The Washington Post

Nelson Hernandez

Fort Detrick Inventory Turns up 9,220 More Vials of Pathogens

The Washinogton Post, 18 June 2009
https://www.washingtonpost.com/wp-dyn/content/article/2009/06/17/AR2 009061703271.html
https://web.archive.org/web/20121112050843/http://www.washingtonpost.com/wp-dyn/content/story/2009/06/17/ST2009061703604.html

An inventory of potentially deadly pathogens at Fort Detrick's infectious disease laboratory found more than 9,000 vials that had not been accounted for, Army officials said yesterday, raising concerns that officials wouldn't know whether dangerous toxins were missing.

After four months of searching about 335 freezers and refrigerators at the U.S. Army Medical Research Institute of Infectious Diseases in Frederick, investigators found 9,220 samples that hadn't been included in a database of about 66,000 items listed as of February, said Col. Mark Kortepeter, the institute's deputy commander.

FBI investigators concluded that Fort Detrick probably was the source of the anthrax spores used in the deadly mailings of 2001 (2008 Photo By Susan Biddle - The Washington Post).

The vials contained some dangerous pathogens, among them the Ebola virus, anthrax bacteria and botulinum toxin, and less lethal agents such as Venezuelan equine encephalitis virus and the bacterium that causes tularemia. Most of them, forgotten inside freezer drawers, hadn't been used in years or even decades. Officials said some serum samples from hemorrhagic fever patients dated to the Korean War.

Kortepeter likened the inventory to cleaning out the attic and said he knew of no plans for an investigation into how the vials had been left out of the database. "The vast majority of these samples were working stock that were accumulated over decades," he said, left there by scientists who had retired or left the institute.

"I can't say that nothing did [leave the lab], but I can say that we think it's extremely unlikely," Kortepeter said.

Still, the overstock and the previous inaccuracy of the database raised the possibility that someone could have taken a sample outside the lab with no way for officials to know something was missing.

"Nine thousand, two hundred undocumented samples is an extraordinarily serious breach," said Richard H. Ebright, a professor at Rutgers University who follows biosecurity. "A small number would be a concern; 9,200 . . . at an institution that has been the focus of intense scrutiny on this issue, that's deeply worrisome. Unacceptable."

The institute has been under pressure to tighten security in the wake of the 2001 anthrax attacks, which killed five people and sickened 17. FBI investigators say they think the anthrax strain used in the attacks originated at the Army lab, and its prime suspect, Bruce E. Ivins, researched anthrax there. Ivins committed suicide last year during an investigation into his activities.

Kortepeter noted that since 2001 the lab has imposed multiple layers of security to check people entering and leaving, that there are now cameras in the labs, and that employees are subjected to a reliability program and random inspections.

"The bottom line is, we have a lot of buffers to prevent anybody who shouldn't be getting into the laboratory," Kortepeter said.

Sam Edwin, the institute's inventory control officer, said most of the samples found were vials with tiny amounts of pathogens that would thaw quickly and die once they were taken out of a freezer, making smuggling something off the base difficult.

The probe began in February, when a problem accounting for Venezuelan equine encephalitis virus triggered the suspension of most research at the lab. A spot check in January found 20 samples of the virus in a box of vials instead of the 16 listed in the institute's database. Most work was stopped until the institute could take a thorough inventory of its stock of viruses and bacteria.

Edwin said about 50 percent of the samples that had been found were destroyed. The rest were added to the catalog. Because the lab will now conduct an inventory every year, "it's really less likely that we will be in a situation like this again," he said.

Procedures have changed, too. Scientists who have worked at the lab said that in the past, departing scientists turned over their logbooks to their successors, but records were sometimes incomplete or complex. As generations of scientists passed through, the knowledge of what was in the freezers was lost. With a comprehensive database, every sample is now tracked until it is destroyed or transferred.

But some scientists are skeptical. Unlike uranium or chemical weapons, pathogens are living materials that can replicate and die. A small amount can easily be turned into a large amount. They said the strict inventories slow their work without guaranteeing security.

Swine flu made in USA

Russia Today, 25 June 2009
https://web.archive.org/web/20100725152156/http://www.youtube.com/watch?v=eNS0Q-uxycA

An American investigative journalist, who claims that swine flu strains *have been engineered in two universities in the US and Canada*, says they've been deliberately designed to resist vaccines.

INDEPENDENT

Steve Connor

Did leak from a laboratory cause swine flu pandemic?

Independent, 30 June 2009 00:00 BST
https://www.independent.co.uk/news/science/did-leak-from-a-laboratory-cause-swine-flu-pandemic-1724448.html

Same strain of influenza was released by accident three decades ago.

It has swept across the world killing at least 300 people and infecting thousands more. Yet the swine flu pandemic might not have happened had it not been for the accidental release of the same strain of influenza virus from a research laboratory in the late 1970s, according to a new study.

Scientists investigating the genetic make-up of flu viruses have concluded there is a high probability that the H1N1 strain of influenza "A" behind the current pandemic might never have been re-introduced into the human population were it not for an accidental leak from a laboratory working on the same strain in 1977.

Yesterday, the Department of Health announced a further surge in the number of cases in Britain with another 1,604 confirmed over the weekend, and the death of a girl in Birmingham with underlying medical complications; the third death in Britain from swine flu-related problems.

Almost 6,000 Britons have now been infected with the influenza "A" (H1N1) strain of swine flu. But two medical researchers believe that this strain of the virus had been extinct in the human population for more than 20 years until it was unwittingly reintroduced by scientists working in a research lab somewhere in the world, leading to a pandemic in 1977 that began in Russia and China.

"Careful study of the genetic origin of the [1977] virus showed that it was closely related to a 1950 strain, but dissimilar to influenza 'A' (H1N1) strains from both 1947 and 1957. This finding suggested that the 1977 outbreak strain had been preserved since 1950. The re-emergence was probably an accidental release from a laboratory source," according to the study published in The New England Journal of Medicine.

Shanta Zimmer and Donald Burke from the University of Pittsburgh in Pennsylvania said that influenza "A" (H1N1) disappeared completely from humans after a pandemic of another strain of flu in 1957. H1N1 was not detected in annual surveillance until an outbreak of H1N1 swine flu in January 1976 at a US Army base in Fort Dix, New Jersey.

This outbreak affected 230 military personnel, killing one person, but it was successfully contained and was almost certainly caused by the direct transmission of swine flu from pigs. Nevertheless, the global anxiety caused by the Fort Dix outbreak led to a surge in research into H1N1 around the world, with experiments on frozen samples of the virus stored in labs since the 1950s, Dr Zimmer said.

"I would imagine that most labs researching into influenza would have had the 1950s strain. We cannot actually pinpoint which lab had it or accidentally released it, but the re-emergence of H1N1 in 1977 made it potentially a man-made pandemic," she said.

"It's a reminder that we need to be continually vigilant in terms of laboratory procedures. The identical virus in the current pandemic would not have occurred because a component of it comes from the H1N1 strain of 1977 – but it doesn't mean to say that we wouldn't have had another one causing a pandemic," she added.

One of the most likely routes for the release of the 1950s virus is that laboratory workers became infected accidentally and then infected families and friends, Dr Zimmer explained. After the 1977 pandemic, the H1N1 strain of flu re-appeared annually as seasonal flu but this year it underwent a radical genetic change to become another pandemic strain.

Professor John Oxford of the Royal London Hospital said that the accidental release of the 1950s strain of H1N1 in 1977 is entirely plausible, but it may have been a good thing as it would have given many older people alive today some measure of immunity to the current pandemic. "We can look upon it now as a stroke of good luck," he said.

Mail Online

Swine flu pandemic 'caused by accidental leak from laboratory

Daily Mail, 30 June 2009, 11:30 GMT
https://www.dailymail.co.uk/news/article-1196507/Swine-flu-pandemic-caused-accidental-leak-laboratory.html

The swine flu pandemic may have been caused by an accidental leak from a laboratory three decades ago, scientists have claimed.

An investigation into the genetic make-up of flu viruses claims the pandemic may not have occurred, had it not been for the accidental release of the same strain of influenza virus from a research lab in 1977.

The Independent reported that researchers believe this strain of the virus had been extinct in the human population for more than 20 years until it was unwittingly reintroduced by scientists.

The study in The New England Journal of Medicine said: 'Careful study of the genetic origin of the (1977) virus showed that it was closely related to a 1950 strain, but dissimilar to influenza 'A' (H1N1) strains from both 1947 and 1957.

'This finding suggested that the 1977 outbreak strain has been preserved since 1950. The re-emergence was probably an accidental release from a laboratory source.'

The strain is thought to be behind the pandemic in 1977 which began in Russia and China.

Shanta Zimmer from the University of Pittsburgh in Pennsylvania said: ‘We cannot actually pinpoint which lab had it or accidentally released it, but the re-emergence of H1N1 in 1977 made it potentially a man-made pandemic.

‘It’s a reminder that we need to be continually vigilant in terms of laboratory procedures.’

The release of the 1950s virus may have occurred after a laboratory worker became infected accidentally and then infected family and friends.

Professor John Oxford of the Royal London Hospital said the accidental release of the 1950s strain of H1N1 in 1977 is a plausible theory.

OpEdNews.com

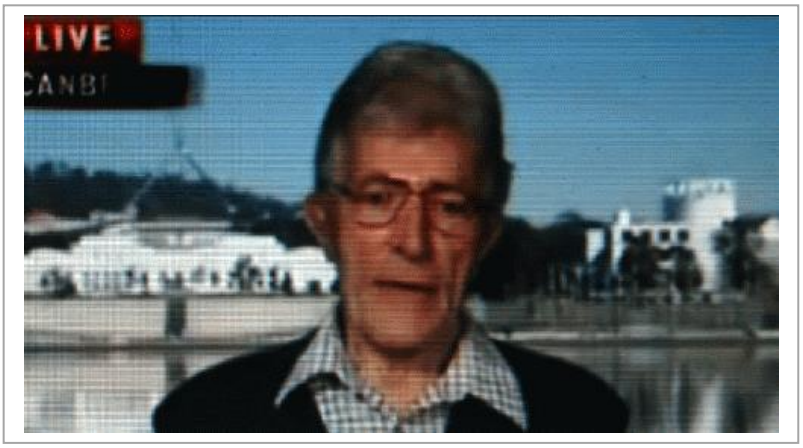
Peter Duveen

Virologist to make his case for lab origin of swine flu

OpedNews, 1 July 2009
https://www.opednews.com/articles/Virologist-to-make-his-cas-by-Peter-Duveen-090630-103.html

Peter's New York, Wednesday, July 1, 2009 – The scientist who made headlines in May by positing a laboratory origin for the swine flu that has swept the world will defend his theory in the scientific literature, Peter's New York has learned.

Dr. Adrian Gibbs, a Canberra, Australia-based virologist with more than 200 scientific publications to his credit, said that over the weekend he submitted his latest work on the swine flu to a prominent scientific journal, and is awaiting a response.



Gibbs, 75, was part of a team that developed the antiviral drug Tamiflu

Back in April, when the first cases of swine flu were diagnosed in Mexico, Gibbs examined the genetic structure of the virus that had been posted on a public database. His analysis led him to speculate that the virus may have been the result of a laboratory error. He contacted the Geneva, Switzerland-based World Health Organization with his conjecture, and scientists there scrutinized his findings, concluding, however, that the virus was most likely a product of nature.

In a series of email exchanges with Peter's New York, Gibbs said he was not satisfied with the WHO's critique, indicating that the basis for it was ambiguous.

"The WHO stated that they had no evidence to support my suggestion," Gibbs said. "They made a very fair statement. However the principle reason for my conclusion remains-that none of the genes of the new virus had been sampled/found/caused epidemics since at least 2000, despite probably coming from at least two different parents on two continents, where other strains had been sampled."

Gibbs said that might have been a coincidence, but the unusual placement of the virus on what what virologists call phylogenetic trees-a sort of schematic family history of the virus--also peeked his interest. On top of that, Gibbs observed that there was a lack of evidence that pig populations in North America, from which the virus is believed to have emerged, had been infected. Only the pigs on one farm in Canada have as yet been shown to have contracted the virus.

It has been established, said Gibbs, that swine easily contract the new flu from humans, and spread it among themselves. The absence of infection in the North American swine, Gibbs noted, may be evidence that the swine had already contracted the disease and built up immunity, or that they were vaccinated against viruses that resembled the novel swine flu closely enough for them to have been protected against it. Gibbs said the one Canadian herd that came down with the novel swine flu had not been inoculated, and that the evidence therefore leans toward inoculation as the reason North American pigs are disease free. That, in turn, would support a theory, according to Gibbs, that "the virus in the vaccine may be the immediate progenitor of the new human virus."

Gibbs said he would have been more satisfied if scientists at the WHO had examined the lists of all the vaccines licensed for production in the United States and Mexico and determined that none of them harbored strains from which the swine flu could have descended. He said he had been unable to locate such lists to make the determination himself.

Gibbs spells out fairly clearly how he thinks the new virus might have emerged due to a laboratory error. In manufacturing a vaccine, each of the viruses to be protected against must first be bred and then sterilized to prevent their further multiplication. When a subject is inoculated, the body reacts to the "killed" viral fragments and produces antibodies that provide protection against the live virus. Gibbs said that if the sterilization process was not carried out properly, pigs could end up being given live viruses, and instead of being protected, would contract the disease. The live viruses would then have a chance to multiply and exchange genetic material within the infected pig in a process known as reassortment, and a new virus could emerge and spread to humans as a "swine flu."

The study of viruses is overlaid with a complex nomenclature and labyrinthine concepts and arguments in the field of genetics that are unfamiliar to the average layman. But the implications are far reaching, a fact not lost on the general public or on Gibbs.

Early this year, the Deerfield, Ill. based drug firm Baxter International Inc. shipped experimental vaccines for human flu that were contaminated with the bird flu. The cocktail of influenzas, if it had not been discovered by alert laboratory specialists in the Czech Republic in February, could have been administered to subjects, after which, some experts feared, the two viruses could have undergone reassortment, producing a new virus that possessed the lethality of bird flu and the communicability of human flu. Bird flu is a deadly disease that kills close to half its victims, but resists spread from human to human. Human flu, on the other hand, is far more benign, but is easily spread through human contact. A recombined virus with the characteristics of each of the two could conceivably wipe out almost half the world's population.

Gibbs steers clear of elaborate intrigues that some believe are behind the new flu's emergence. "Whenever I've thought something has resulted from a conspiracy, it usually turns out to be from a 'co*k-up,'" he said. The importance of establishing whether or not the flu emerged from a laboratory, he emphasized, is "to try to avoid a recurrence."

He did admit, however, that there was a definite risk to the public of escaping pathogens held in government and private facilities.

"There are many historical precedents that are conveniently forgotten," said Gibbs. "The recent Baxter incident seems to have been one."

"The reappearance in 1977 of the H1N1 (virus) last seen in 1950 after a period of non-evolution," which he speculated could represent "suspended animation in a freezer," was another instance in which pathogens might have escaped from a laboratory. Gibbs also cited the escape of foot-and-mouth disease from a British government laboratory facility in 2007.

Asked if the resurrection of the viral agent for the deadly 1918 "Spanish" flu, which was reconstituted in 2005 by scientists at the Centers for Disease Control and Prevention for research purposes, was a safe proposition, he answered, "No, definitely not."

"It's exactly the same principle as should apply to all high security labs," said Gibbs. "If it ain't 'there' it can't get out, whereas if it is, then there is always the possibility, however remote, that it might get out."

The 1918 flu, which spread to every corner of the globe in the two years immediately following World War I, had a rate of lethality some 30 to 50 times greater than other strains of human flu. Tens of millions of people died in the pandemic worldwide.

While some aspects of his presentation have been updated, Gibbs said his basic premise remains unchanged, and has, in fact, been reinforced by recent additions to the scientific literature.

And while the WHO gave the appearance of having put the final nail in the coffin of Gibbs's theory, in a rare show of scientific honesty for a public institution, it affixed the lid rather loosely, leaving itself room to revisit Gibbs's hypothesis once it is published.

In the mid-May press conference in which the WHO addressed Gibbs's analysis, which by that time has spread far and wide throughout the mainstream media, Assistant Director Keiji Fukuda praised the virologist who had contributed to the field for more than fifty years of professional work, calling Gibbs "a credible scientist, a credible virologist."

In answer to a reporter's question about whether Gibbs's theory had been refuted, Fukuda said: "I think that it is fair to say that in the world of science, nothing is ever totally excluded, nothing is ever ended." On the issue of whether Gibbs's theory may actually prove true or not, he said: "We feel very comfortable based on the analyses which have been done, based on the rigor in which it has been looked at, that we are not dealing with a laboratory-created virus. However, I do not expect that the debate itself will stop."

Madsen: 'Swine flu virus began life in lab'

Russia Today, 16 July 2009

https://web.archive.org/web/20170209000402/http://www.youtube.com/watch?v=z64mrb-M7KE
https://web.archive.org/web/20120310025757/http://www.youtube.com/watch?v=z64mrb-M7KE

The number of confirmed cases of swine flu has topped over a hundred thousand, with the World Health Organization calling the pandemic 'unstoppable', and *suggesting mass vaccination*.

news.com.au

Angela Kamper

Swine flu epidemic escaped from lab, Australian scientists say

News.Com.Au, 28 November 2009.
https://web.archive.org/web/20091201031808/http://www.news.com.au/swine-flu-epidemic-escaped-from-lab-australian-scientists-say/story-e6freuy9-1225804753259

Three Australian experts are making waves in the medical community with a report suggesting swine flu may have developed because of a lab error in making vaccines.

"It could have happened in a lab where somebody became affected and then travelled with it," virologist Dr Adrian Gibbs said yesterday.

Conjuring up a vision of Frankenstein's fictional monster fleeing the laboratory, he added: "Things do get out of labs and this has to be explored. There needs to be more research done in this area.

"At the moment there is no way of distinguishing where swine flu has come from."

The research, published in the Virology Journal on Tuesday, was compiled by two former researchers at the Australian National University – Dr Gibbs and programmer John S. Armstrong.

Dr Jean Downie, once the head of HIV research at Westmead Hospital, was also involved.

The article claimed the swine-origin influenza A (H1N1) virus that appeared in Mexico in April has at least three parent genes which originated in the US, Europe and Asia.

"The three parents of the virus may have been assembled in one place by natural means, such as by migrating birds, however the consistent link with pig viruses suggests that human activity was involved," the research found.

Within two days of them publishing their findings there were more than 16,000 downloads of the article.

"What we wanted to do was instigate debate about this again because we still don't know the source of this virus," Dr Gibbs said.

The research suggested more tests be done on laboratories "which share and propagate a range of swine influenza viruses".

It said that if the virus was generated by laboratory activity it would explain why it had "escaped surveillance for over a decade".

Dr Gibbs said it was not the first time lab errors had been made, with evidence foot and mouth disease in England had been born out of a lab mistake and circumstantial evidence that Spanish influenza in 1918 and Asian influenza in 1957 reappeared decades later because of mistakes.

"Measures to restore confidence include establishing an international framework co-ordinating surveillance, research and commercial work with this virus and a registry of all influenza isolates held for research and vaccine production," the report concluded.

THE FLU CASE

WHO-linked Scientists mixing Swine and Bird Flu to create deadly virus

The Flu Case, 28 November 2009, 11:00
https://web.archive.org/web/20100102051221/http://theflucase.com/index.php?option=com_content&view=article&id=2104%3Awho-scientists-mixing-swine-and-bird-flu-to-create-deadly-virus-in-france&catid=41%3Ahighlighted-news&Itemid=105&lang=en

Swine flu and bird flu viruses are being mixed together by French professor, Bruno Lina, affiliated with WHO, potentially creating a lethal virus writes Ester Nordland on the internet news site Norway Health.

Lina and his team are carrying out this research into creating a lethal bioweapon under the pretext of having to predict the course of a future pandemic.
http://www.siste.no/Innenriks/helse/article4726428.ece

In one of the safest laboratories in the world, scientists are intent on mixing one of the most contagious viruses in this world with one of the most deadly ones, she writes.

The goal is to find out whether swine flu and bird flu can end up as a deadly mixture, writes the Norwegian news agency ANB.

Swine flu (H1N1) is very contagious, but ends up only killing a minority of the persons who actually get the flu.
Bird flu (H5N1), on the other hand, kills more than 60 percent of its human victims, but only in rare cases spreads from person to person.

Should those two viruses mix or mutate, a new horror virus might appear: A virus as devastating as the avian flu virus and as contagious as the swine flu virus.

At the Inserm laboratories biosecurity level 4 in Lyon in France deadly viruses like Ebola, Marburg and Hendra are locked in a safe. The laboratory is situated in a building that may withstand both earthquakes and explosions.

The researchers move around in protection equipment reminiscent of space suits withan inbuilt supply of oxygen.

Inserm is the national French institute for human health and medical research.

Now a team of researchers in Lyon intend to investigate whether the H1N1-virus will interfere with its more deadly relative H5N1 and become a virus with the most dreadful traits of both of them. If they discover what kind of mutations will occur, and what kind of influenza may appear, it might turn out to be a key to predict, how future pandemics will evolve.

Until now they have investigated, how H1N1 can develop resistancy towards the pharmaceutical product Tamiflu.

Now the primal investigator of the research team, Bruno Lina, hopes to be allowed to mix the two viruses. – It is a controversial study, but it is fundamental research which should be carried out, says Lina to the magazine Nature. – If you discover, what parts of the H5H1-virus is most prune to change, you are able to be more alert, if the virus change in those parts, says Lina.

Olav Hungnes coordinates the flu watch at Human Health Institute (Folkehelseinstituttet) in Norway. He says that it is a possibility, that the swine flu virus may change.

Hungnes explains that the genetic profile of the virus may chance in such a way, that it takes up genes from another virus.

The prerequisite of swine flu virus and avian virus mixing to a new and even more more dangerous virus is that they come together. But there are so few cases of avian flu among people, that the chances are low, says Hungnes.

Avian flu is most widespread in Southern Asia.

It is imagined that the pig may serve as a mixing pool for the two types of influenza. In those areas pigs, geese and human beings live together. But until now this has not happened, says senior medical doctor Bjørn Iversen, from Human Health Institute in Norway - Whether it will happen, nobody knows. What you belive in these questions, depends on whether you are an optimist or a pessimist. The optimist will say, that since it has not happened until now, it will never happen. The pessimist will say, that now it has tried so hard for such a long time, that it is just before it succeed. I believe that the possibility that it will actually happen is small. The avian flu virus has circulated since 1987. It came back in 2003, and in spite of the fact, that there has been a lot of normal seasonal influenza, it has not succeded in mixing with this, says Iversen.

According to Bjørn Iversen research in this area is taking place all over the world.

In an American laboratory, the researcher Jeffrey Taubenberger has managed to reconstruct the Spanish flu virus which laid the world waste at the beginning of the 20. century (1900-tallet). His team of researchers have cultivated a new live virus. (ANB)

FriFagbevegelse

Vil lage dødsvirus
Oslo (ANB): Svineinfluensa og fugleinfluensa.
Til sammen kan det bli en uhyggelig cocktail.

Fri Fagbevegelse, 26 November 2009, 07:16
https://web.archive.org/web/20091128181606/http://www.siste.no/Innenriks/helse/article4726428.ece

På et av de sikreste laboratoriene i verden ønsker forskerne å blande et av de mest smittsomme virusene som finnes med et av de dødeligste. Målet er å finne ut om svineinfluensaen og fugleinfluensaen kan bli til en farlig blanding.

Svineinfluensaen (H1N1) smitter lett, men tar bare livet av en brøkdel av dem som blir smittet. Fugleinfluensaen (H5N1) tar livet av mer enn 60 prosent av sine menneskelige ofre, men smitter sjelden fra person til person. Skulle disse to blande seg eller mutere, kan en ny type skrekkvirus se dagens lys: Et virus med dødeligheten til fugleinfluensaviruset og smittsomheten til svineinfluensaviruset, skriver Dagsavisen.

Ved Inserm-laboratoriets biosikkerhetsnivå 4 i Lyon i Frankrike er dødelige virus, som ebola, marburg og hendra låst inne i safer. Laboratoriet ligger i en bygning som skal tåle både jordskjelv og eksplosjoner. Forskerne beveger seg rundt i beskyttelsesutstyr som minner om romdrakter med egen surstofftilførsel. Inserm er det nasjonale franske instituttet for folkehelse og medisinsk forskning.

=>
...
See:
https://web.archive.org/web/20091128181606/http://www.siste.no/Innenriks/helse/article4726428.ece

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Surgical Neurology International
Editor-in-Chief: Nancy E. Epstein, MD, Clinical Professor of Neurological Surgery, School of Medicine, State U. of NY at Stony Brook.
SNI: Infection

SNI.

Mikhail Teppone

History of advances in genetic engineering of viruses before COVID-19 pandemic

Surg Neurol Int. 2023 Mar 24;14:109
doi: 10.25259/SNI_36_2023. PMID: 37025520; PMCID: PMC10070288.
https://surgicalneurologyint.com/surgicalint-articles/history-of-advances-in-genetic-engineering-of-viruses-before-covid-19-pandemic/

Background: On December 31, 2019, the World Health Organization's China Country Office was alerted to cases of pneumonia of unknown cause detected in Wuhan City, Hubei Province of China.

Methods: Due to the fact that to date, the question of the origin of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) has not been resolved yet, the author analyzed the main advances in the development of genetic engineering of viruses that took place before the onset of the COVID-19 pandemic.

...

Discussion: This review suggests that the emergence of new genetically modified viruses became possible no later than the mid-1950s. In the ongoing studies, natural viruses were treated with various physical or chemical agents, and then they were selected depending on the weakening or strengthening of the pathogenic functions of the virus. As is known, the first pandemic caused by a reassortant virus, including the genes of the avian and human influenza viruses (H2N2), occurred in 1957–1958.

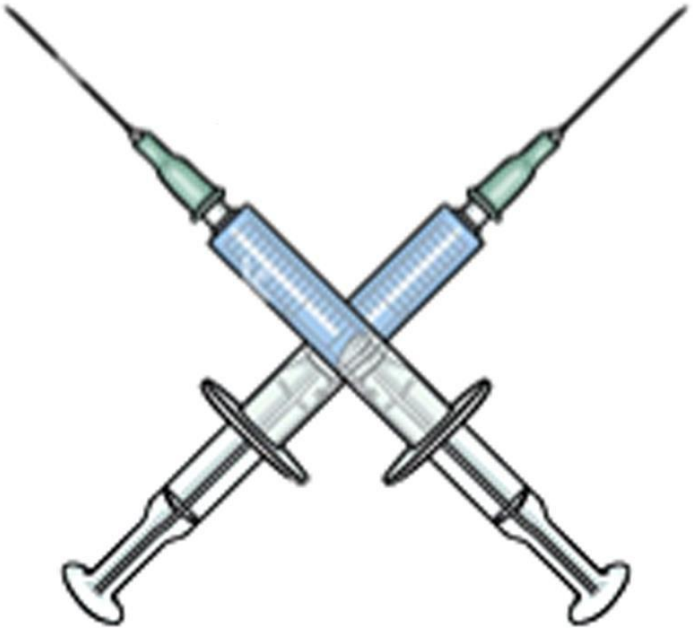
Later it became possible to combine the genes of different viruses and insert the genes of some viruses into the genomes of other viruses. Since that time, the production of vector vaccines has begun, for which genetically modified reassortant viruses were used. The construction of viruses similar to SARS-CoV-2 became possible around the border of 1980s and 1990s. It is likely that the first reassortant virus, which included the genes of four different virus at the same time, was discovered in nature during the "swine flu" pandemic that began in the spring of 2009.

At present, there are all the necessary technologies for assembling any full-sized virus based on the nucleotide sequence available in the virus database, or for creating a new artificial virus based on a virtual model offered by a computer.

Conclusion: The given above has confirmed that before the emergence of COVID-19 pandemic the ability of genetic engineering of the viruses was more advanced than needed to construct the virus which is similar to SARS-CoV-2. Thus, scientists around the world should support Neil Harrison and Jeffrey Sachs of Columbia University (USA) in calling for a thorough and independent investigation into the origin of SARS-CoV-2. Only a full understanding of the origin of the new virus can minimize the likelihood of a similar pandemic in the future.

Part 7

The First Global Vaccination Program in Human History



Could severe underlying medical conditions cause the death of a patient who got a vaccine?

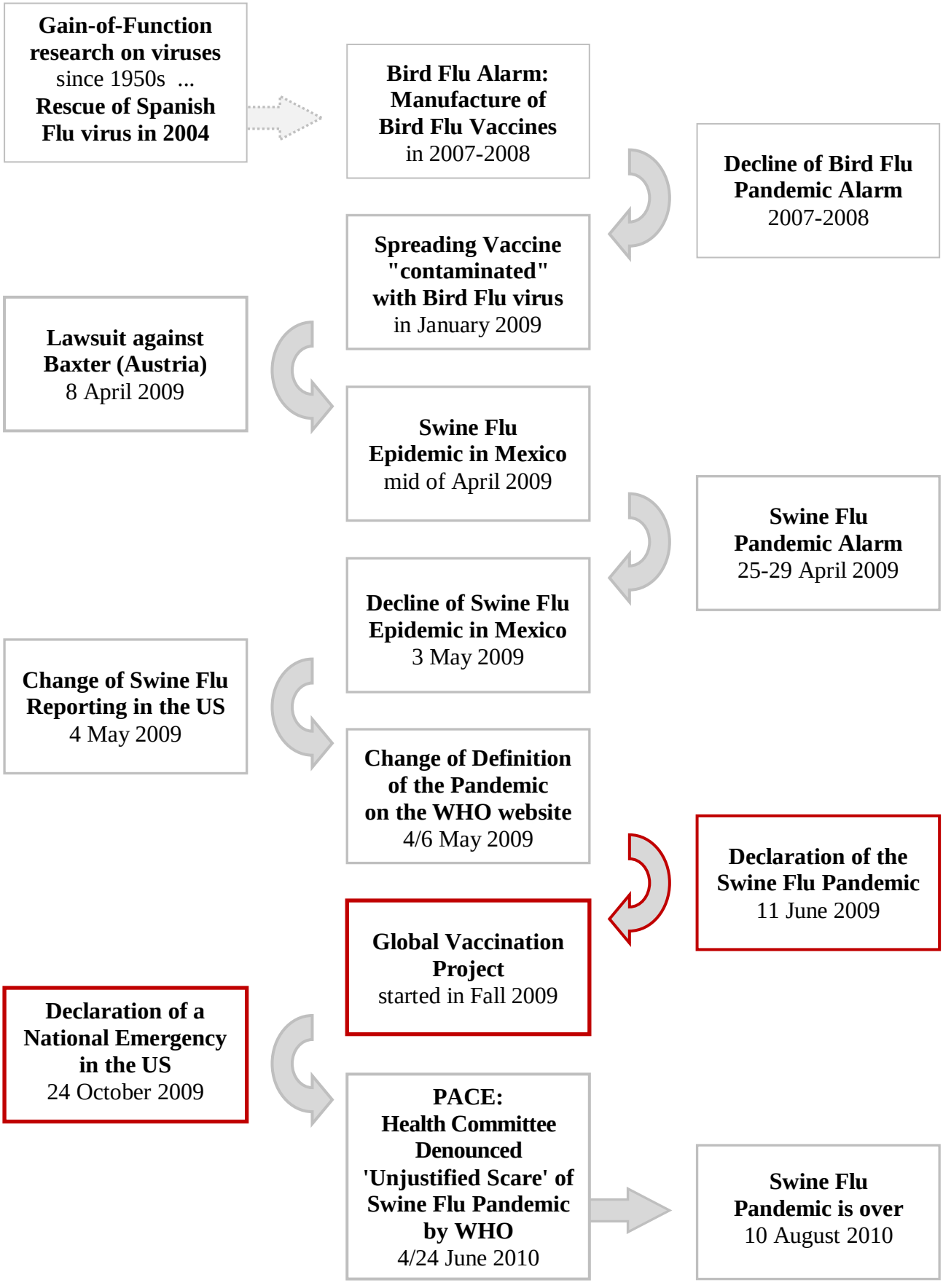
Should a doctor recommend vaccination to a patient who presumably may die soon?
Should a doctor recommend vaccination to a patient who may die in a week, a month, or five-six months?

One may assume that if the patient's condition suggests his death within 5-6 months, his condition is an **absolute contraindication** for vaccination.

Thus, **any death** (excluding accidental death) that occurs within 5-6 months after vaccination is a consequence of the vaccination.

The unrecognized health condition of the patient, which, after vaccination, led to a death, depending on the case, is a sign of violation of the professional code of the doctor and, depending on the case, should entail administrative or criminal punishment.

Roadmap
of the Swine Flu Pandemic


Gain-of-Function research on viruses since 1950s ... Rescue of Spanish Flu virus in 2004
Bird Flu Alarm: Manufacture of Bird Flu Vaccines in 2007-2008
Decline of Bird Flu Pandemic Alarm 2007-2008
Spreading Vaccine "contaminated" with Bird Flu virus in January 2009
Lawsuit against Baxter (Austria) 8 April 2009
Swine Flu Epidemic in Mexico mid of April 2009
Swine Flu Pandemic Alarm 25-29 April 2009
Decline of Swine Flu Epidemic in Mexico 3 May 2009
Change of Swine Flu Reporting in the US 4 May 2009
Change of Definition of the Pandemic on the WHO website 4/6 May 2009
Declaration of the Swine Flu Pandemic 11 June 2009
Global Vaccination Project started in Fall 2009
Declaration of a National Emergency in the US 24 October 2009
PACE: Health Committee Denounced 'Unjustified Scare' of Swine Flu Pandemic by WHO 4/24 June 2010
Swine Flu Pandemic is over 10 August 2010

The Bovine

Mass-murder-attempt charges filed against UN and WHO re A/H1N1 virus

The Bovine, 2 July 2009, 1:38 PM.
https://thebovine.wordpress.com/2009/07/02/mass-murder-attempt-charges-filed-against-un-and-who-re-ah1n1-virus/

Here's a story of the utmost consequence excerpted from Natural News.com. =>
https://web.archive.org/web/20090627093227/http://www.naturalnews.com/026503_pandemic_swine_flu_bioterrorism.html

But first, here's a corroborating report from Benjamin Fulford wondering whether the world's mass media are going to make themselves accessories to the crime by failing to report this threat to the future of humanity:

Benjamin Fulford: "A warning to the media barons about H1N1 and other bio-weapons – How can it be that when a well trained science journalist presents 173 pages of evidence of planned genocide and lays criminal charges against the UN, the WHO, major drug companies and world leaders the corporate media refuses to report it and instead reports things like "Obama interrupted by phone that quacks?"

Jane Burgermeister, who has written for Nature and other publications has proved that, for example, Baxter AG sent 72 kilograms of bird flu virus to 16 laboratories. She is not alone; the evidence is for planned genocide by use of bio-weapons is overwhelming. If the corporate media does not report this ASAP the owners of the major media corporations, including Rupert Murdoch, will be labeled as enemies of humanity."

And now an excerpt from the Natural News story on this case:

As the anticipated July release date for Baxter's A/H1N1 flu pandemic vaccine approaches, an Austrian investigative journalist is warning the world that the greatest crime in the history of humanity is underway. Jane Burgermeister has recently filed criminal charges with the FBI against the World Health Organization (WHO), the United Nations (UN), and several of the highest ranking government and corporate officials concerning bioterrorism and attempts to commit mass murder. She has also prepared an injunction against forced vaccination which is being filed in America. These actions follow her charges filed in April against Baxter AG and Avir Green Hills Biotechnology of Austria for producing contaminated bird flu vaccine, alleging this was a deliberate act to cause and profit from a pandemic.Summary of claims and allegations filed with FBI in Austria on June 10, 2009

In her charges, Burgermeister presents evidence of acts of bioterrorism that is in violation of U.S. law by a group operating within the U.S. under the direction of international bankers who control the Federal Reserve, as well as WHO, UN and NATO. This bioterrorism is for the purpose of carrying out a mass genocide against the U.S. population by use of a genetically engineered flu pandemic virus with the intent of causing death. This group has annexed high government offices in the U.S.

Specifically, evidence is presented that the defendants, Barack Obama, President of the U.S, David Nabarro, UN System Coordinator for Influenza, Margaret Chan, Director-General of WHO, Kathleen Sibelius, Secretary of Department of Health and Human Services, Janet Napolitano, Secretary of Department of Homeland Security, David de Rotschild, banker, David Rockefeller, banker, George Soros, banker, Werner Faymann, Chancellor of Austria, and Alois Stoger, Austrian Health Minister, among others, are part of this international corporate criminal syndicate which has developed,

produced, stockpiled and employed biological weapons to eliminate the population of the U.S. and other countries for financial and political gain.

The charges contend that these defendants conspired with each other and others to devise, fund and participate in the final phase of the implementation of a covert international bioweapons program involving the pharmaceutical companies Baxter and Novartis. They did this by bioengineering and then releasing lethal biological agents, specifically the "bird flu" virus and the "swine flu virus" in order to have a pretext to implement a forced mass vaccination program which would be the means of administering a toxic biological agent to cause death and injury to the people of the U.S. This action is in direct violation of the Biological Weapons Anti-terrorism Act.

Burgermeister's charges include evidence that Baxter AG, Austrian subsidiary of Baxter International, deliberately sent out 72 kilos of live bird flu virus, supplied by the WHO in the winter of 2009 to 16 laboratories in four counties. She claims this evidence offers clear proof that the pharmaceutical companies and international government agenciesthemselves are actively engaged in producing, developing, manufacturing and distributing biological agents classified as the most deadly bioweapons on earth in order to trigger a pandemic and cause mass death.

In her April charges, she noted that Baxter's lab in Austria, one of the supposedly most secure biosecurity labs in the world, did not adhere to the most basic and essential steps to keep 72 kilos of a pathogen classified as a bioweapon secure and separate from all other substances under stringent biosecurity level regulations, but it allowed it to be mixed with the ordinary human flu virus and sent from its facilities in Orth in the Donau.

In February, when a staff member at BioTest in the Czech Republic tested the material meant for candidate vaccines on ferrets, the ferrets died. This incident was not followed up by any investigation from the WHO, EU, or Austrian healthauthorities. There was no investigation of the content of the virus material, and there is no data on the genetic sequence of the virus released.

In answer to parliamentary questions on May 20th, the Austrian Health Minister, Alois Stoger, revealed that the incident had been handled not as a biosecurity lapse, as it should have been, but as an offence against the veterinary code. A veterinary doctor was sent to the lab for a brief inspection.

Burgermeister's dossier reveals that the release of the virus was to be an essential step for triggering a pandemic that would allow the WHO to declare a Level 6 Pandemic. She lists the laws and decrees that would allow the UN and WHO to take over the United States in the event of pandemic. In addition, legislation requiring compliance with mandatoryvaccinations would be put into force in the U.S. under conditions of pandemic declaration.

She charges that the entire "swine flu" pandemic business is premised on a massive lie that there is no natural virus out there that poses a threat to the population. She presents evidence leading to the belief that the bird flu and swine flu viruses have, in fact, been bioengineered in laboratories using funding supplied by the WHO and other government agencies, among others. This "swine flu" is a hybrid of part swine flu, part human flu and part bird flu, something that can only come from laboratories according to many experts.

WHO's claim that this "swine flu" is spreading and a pandemic must be declared ignores the fundamental causes. The viruses that were released were created and released with the help of WHO, and WHO is overwhelmingly responsible for the pandemic in the first place. In addition, the symptoms of the supposed "swine flu" are indistinguishable from regular flu or from the common cold. The "swine flu" does not cause death anymore often than the regular flu causes death.

Burgermeister notes that the figures for deaths reported for the "swine flu" are inconsistent and there is no clarity as to how the number of "deaths" has been documented.

There is no pandemic potential unless mass vaccinations are carried out to weaponize the flu under the guise of protecting the population. There are reasonable grounds for believing that the mandatory vaccines will be purposely contaminated with diseases that are specifically designed to cause death.

Reference is made to a licensed Novartis bird flu vaccine that killed 21 homeless people in Poland in the summer of 2008 and had as its "primary outcome measure" an "adverse events rate", thereby meeting the U.S. government's own definition of a bioweapon (a biological agent designed to cause an adverse events rate, i.e death or injury) with a delivery system (injection).

She alleges that the same complex of international pharmaceutical companies and international government agencies that have developed and released pandemic material have positioned themselves to profit from triggering the pandemic with contracts to supply vaccines. Media controlled by the group that is engineering the "swine flu" agenda is spreading misinformation to lull the people of the U.S. into taking the dangerous vaccine.

The people of the U.S. will suffer substantial and irreparable harm and injury if they are forced to take this unproven vaccine without their consent in accordance with the Model State Emergency Health Powers Act, National Emergency Act, National Security Presidential Directive/NSPD 51, Homeland Security Presidential Directive/HSPD-20, and the International Partnership on Avian and Pandemic Influenza.

In the U.S. since 2008, Burgermeister charges that those named in her allegations have implemented new and/or accelerated the implementation of laws and regulations designed to strip the citizens of the U.S. of their lawful constitutional rights to refuse an injection. These people have created or allowed provisions to remain in place that make it a criminal act to refuse to take an injection against pandemic viruses. They have imposed other excessive and cruel penalties such as imprisonment and/or quarantine in FEMA camps while barring the citizens of the U.S. from claiming compensation from injury or death from the forced injections. This is in violation of the laws governing federal corruption and the abuse of office as well as of the Constitution and Bill of Rights. Through these actions, the named defendants have laid the groundwork for mass genocide.

Using the "swine flu" as a pretext, the defendants have preplanned the mass murder of the U.S. population by means of forced vaccination. They have installed an extensive network of FEMA concentration camps and identified mass grave sites, and they have been involved in devising and implementing a scheme to hand power over the U.S. to an international crime syndicate that uses the UN and WHO as a front for illegal racketeering influenced organized crime activities, in violation of the laws that govern treason.

She further charges that the complex of pharmaceutical companies consisting of Baxter, Novartis and Sanofi Aventis are part of a foreign-based dual purpose bioweapons program, financed by this international criminal syndicate and designed to implement mass murder to reduce the world's population by more than 5 billion people in the next ten years. Their plan is to spread terror to justify forcing people to give up their rights, and to force mass quarantine in FEMA camps. The houses, companies and farms and lands of those who are killed will be up for grabs by this syndicate.

By eliminating the population of North America, the international elite gain access to the region's natural resources such as water and undeveloped oil lands. And by eliminating the U.S. and its democratic constitution by subsuming it under a North American Union, the international crime group will have total control over North America…."

=> read:

Barbara Minton. Journalist Files Charges against WHO and UN for Bioterrorism and Intent to Commit Mass Murder. – Natural Health, 25 June 2009.

https://web.archive.org/web/20090627093227/http://www.naturalnews.com/026503_pandemic_swine_flu_bioterrorism.html

ОГОНЁК

Владимир Тихомиров, Светлана Скарлош

Бизнес на пандемии. Паника, вызванная вирусом свиного гриппа A/H1N1, обернулась колоссальными доходами для транснациональных фармацевтических гигантов

Огонек, 6-12 июля 2009, № 8, с. 44-46
Коммерсантъ, 6 июля 2009
https://magzdb.org/file/187766/dl // https://www.kommersant.ru/doc/1194576

С момента обнаружения в Мексике вируса свиного гриппа A/H1N1 прошло чуть больше двух месяцев, но вирус вместе с паникой распространились уже по всем странам и континентам. Всемирная организация здравоохранения (ВОЗ) объявила о высшей шестой степени угрозы пандемии, эпидемиологи пугают, что настоящий апокалипсис наступит осенью, когда ослабленное простудой человечество накроет третья волна пандемии гриппа ... Но чем больше пугают тем больше возникает вопросам. «Огонек» решил разобраться.

Болезнь, которой не было

... Все это уже было ровно 33 года назад. Весной 1976 года мир впервые узнал словосочетание «свиной грипп » (или «грипп A/H1N1 », когда американские газеты сообщили о вспышке нового заболевания среди солдат военной базы Форт Дюсс в Нью-Джерси. Когда трое пехотинцев скончалось, тогдашний глава Центра контроля и профилактики заболеваний (американская аббревиатура – CDC) Дэвид Сэнсэр заявил что над страной нависла смертельная угроза пандемии. Панику мигом подхватило телевидение, и уже через несколько дней было принято решение о поголовной вакцинации американцев новой вакциной которая содержала только штамм H1N1. Когда было сделано более 50 млн прививок, выяснилось два неприятных факта. Во-первых вся «угроза эпидемии с самого начала была пропагандистским трюком CDC. Во-вторых, новая вакцина имела крайне неприятные побочные эффекты, которые стали причиной смерти 30 человек. Еще несколько тысяч американцев стали инвалидами, получив тяжёлые нервные расстройства и паралич. Государство по судебным искам выплатило около 100 млн долларов, но это не о беспокоило руководителей CDC, ведь фармацевтические компании заработали на свином гриппе куда больше.

– Сегодня события вокруг пандемии свиного гриппа развиваются по похожему сценарию, уверен профессор Карви Файнберг директор Колумбийского института медицины и автор книги «Эпидемия, которой никогда не было».

– Правда, сейчас пропаганда ведется с куда большей изощренностью. Задействованы все возможности телевидения, интернета и даже электронных блогов, чтобы создать у людей ощущение паники и безысходности.

Разумеется, вирусологи возразят: дескать, да, мы немного сгущаем краски, но мы хотим проинформировать и предупредить. Директор одного из медицинских институтов, непосредственно занятых изучением гриппа, в интервью «Огоньку» так и заявил:

– Да, с шестой степенью угрозы пандемии действительно немного переборщили. Но лучше уж заранее трубить о возможности пандемии, чем оказаться к ней неготовыми.

Но в благие намерения верится с трудом. И не только потому что показатель смертности от пандемии свиного гриппа не превышает уровня смертности средней сезонной эпидемии гриппа. Но и по той причине, что за всякой эпидемией стоят огромные деньги и интересы фармацевтических корпораций.

«Лучшие пилюли»

И первая в этом списке – швейцарская фармацевтическая компания Roche Holding AG, производящая Tamiflu, препарат из группы ингибиторов, блокирующих размножение вируса гриппа и распространение его в организме. Препарат появился на рынке в 1999 году, и с этого времени Roche активно сотрудничает с ВОЗ, передавая капсулы Tamiflu в специальный фонд «Запасы быстрого реагирования). К примеру, еще в начале мая, когда из Мексики пришли первые новости об обнаружении вируса A/H1N1, компания безвозмездно передала в распоряжение ВОЗ более 3 млн упаковок Tamiflu. Потом – еще 2 млн упаковок. И тоже безвозмездно. Другое дело, что в результате своего сотрудничества с ВОЗ, компания, как заявил Дэвид Редди, руководитель группы Roche по подготовке к пандемии, получила заказы от правительств различных стран на 35 млн упаковок. Но и это еще не предел, согласно рекомендациям ВОЗ, правительства 85 стран мира должны создать стратегические запасы Tamiflu, чтобы обеспечить препаратом до 25-50 процентов население мира. Для выполнения этой программы компания даже сообщила, что готова предоставлять развивающимся странам препараты по сниженным ценам и в кредит на несколько лет. Согласитесь, конкурентам Roche, например британской компании G1axoSmithKline, производящей ингибитор Relenza, о таких оборотах остается лишь только мечтать (впрочем, справедливости ради стоит отметить, что и Relenza одобрена ВОЗ, но вот о необходимости создания статистических запасов этого препарата речь не идет).

Сотрудничество с ВОЗ дает фармацевтам не только самую эффективную рекламу, но и помощь в различных щекотливых ситуациях. Например, некоторое время назад (тогда еще мир боялся птичьего гриппа H5N1) вспыхнул скандал в Японии: врачи из японского Министерства здравоохранения утверждали, что применение Tamiflu, выпущенного компанией Chugai Pharmaceutical, дочерним предприятием Roche, якобы вызвали побочные эффекты в виде психических расстройств и галлюцинаций, из-за которых 54 подростка покончили жизнь самоубийством. Расследование, проведенное под контролем ВОЗ, погасило этот скандал, и уже в прошлом году президент Chugai Pharmaceutical Осаму Нагаяма заявил, что объемы продаж препарата выросли до 3,4 млрд долларов, что стало абсолютным рекордом за всю историю компании. В этом году ожидался 7-процентный рост продаж, но с учетом паники от свиного гриппа прибыль может вырасти до астрономических величин.

ВОЗ вступилась за Roche и после сообщения из Дании, где на прошлой неделе был зафиксирован первый случай устойчивости вируса H1N1 к Tamiflu. Датские врачи заявили, что вирус, похоже, мутировал и стал невосприимчивым к ингибитору, но эксперты ВОЗ утешили публику: дескать, все дело в индивидуальной невосприимчивости человека к лекарству.

Гонка за вакциной

Второй способ заработка фармацевтических компаний – это бурные мерприятия по созданию вакцины. Здесь в гонке лидируют компании из США – конгресс уже распорядился выделить более миллиарда долларов на разработку новой моновакцины с агентом A/H1N1. Скорее всего эта сумма будет поделена между гигантами фармацевтического рынка – корпорациями MedImmune Inc., DynPort Vaccine Co., Amgen, Wyeth, Abbot Laboratories. И конечно же Baxter Pharmaceuticals Inc., связанная с Минобороны США, которая пару лет назад уже разрабатывала вакцину против птичьего гриппа, в связи с чем получила эксклюзивное право на распространение вакцины в 18 странах мира, включая Европу. Результатом же опытов стал грандиозный скандал, когда в Австрию и Чехию для клинических испытаний пришли образцы вакцин от обычного гриппа, зараженные птичьим штаммом H5N1. Комбинация этих двух вирусов могла

бы привести к появлению нового "птичьего вируса, который мог бы передаваться от человека к человеку. И снова расследование этого инцидента было замято при помощи ВОЗ, а ответственность за загрязнение вакцины возложили на лабораторных техников, мол, они там что-то случайно напутали.

Разумеется, подобные факты рождают множество конспирологических теорий и о появлении нынешней эпидемии свиного гриппа. К примеру, профессор Ребекка Гартен из CDC опубликовала доклад, в котором утверждается, что комбинация 8 сегментов генома вируса H1N1 прежде никогда не встречалась ни среди свиных, ни человеческих вирусов, что может свидетельствовать о его лабораторном происхождении. Другие ученые вспомнили и про то, что впервые свиной грипп появился на базе Форт Дикс, вокруг которой расположены крупнейшие химико-фармацевтические лаборатории страны, включая научные центры Технологического института Нью-Джерси, Принстонского университета и Университета медицины. А в те годы биологи часто использовали новобранцев для испытаний новых препаратов.

Впрочем, медиков всего мира куда больше интересует не происхождение вируса, а возможность заработка на прививках. В гонку за вакциной включилась уже канадцы – на днях ученые из Национальной микробиологической лаборатории Канады заявили, что они первыми в мире завершили работу над определением генома вируса и готовы работать над вакциной.

О создании моновакцины заявил и швейцарский фармацевтический гигант Novartis, которому правительство США выделило 289 млн долларов на клинические испытания первой партии препарата. Свой образец вакцины для испытаний представила и французская компания Sanofi-Pasteur, а Национальный институт инфекционных болезней Японии пообещал выдать рецепт вакцины буквально уже на следующей неделе. А в конце июля начать ее производство в объемах, достаточных для вакцинации 20 млн человек.

Вместе с тем далеко не все фармацевты бросились изобретать моновакцину. По словам директора французской компании Sanofi-Aventis SA Криса Виебахера, паника вокруг свиного гриппа уже и так привела к тому, что доходы производителей обычных вакцин от сезонного гриппа выросли на 16 процентов за первый квартал текущего года. Но переход на производство моновакцины означал бы полную остановку и перезапуск конвейера, что чревато коммерческими убытками.

– Это очень трудный вопрос, поскольку многие производители вакцин не в состоянии производить средства против различных типов гриппа одновременно. И если мы перейдем на производство новой вакцины, то миллионы людей могут лишиться вакцины от сезонного гриппа.

Наш продукт

Своя политика и у России, где реализуется концепция фармацевтической импортонезависимости. Правительство уже выделило более 3 млрд рублей на изготовление вакцины против гриппа A/H1N1, правда, большая часть этих денег ушла на покупку образцов штамма вируса – ни одна фармацевтическая компания мира не хочет дешево отдавать биоматериал в руки конкурентов. Образцы штамма получили сразу три российских медицинских учреждения: Государственный научный центр вирусологии и биотехнологии «Вектор», Институт вирусологии РАМН и Институт гриппа РАМН. Пока обещано изготовить опытные образцы для вакцины к 2010 году, но нужны еще деньги. И можно не сомневаться, что средства будут выделены, ибо кто посмеет усомниться в благородной миссии медиков? «Но вы же понимаете, что в случае какой-либо эпидемии, например, французская вакцина пойдет в первую очередь к французам, – объясняют эпидемиологи. – И нам вакцины просто не хватит. Поэтому надо начинать производство своей вакцины, а это дело затратное... »

Потом потребуются деньги и для производства 30 млн доз вакцины, запланированных Минздравом.

– Конечно, пандемия открывает новые финансовые возможности для фармацевтов, но вы не забывайте, что каждая пандемия – это соцзаказ для науки и медицины, – говорит академик Феликс Ершов, руководителя отдела НИИ эпидемиологии и микробиологии им. Н. Ф Гамалеи. – Это стимул к совершенствованию методов, изобретению новых средств. Мы обречены изобретать новые и новые противовирусные препараты, ведь так же, как в случае с антибиотиками, противовирусные препараты со временем становятся неэффективными.

Но тут и возникает интересный вопрос: в чем же состоят эти принципиальные отличия новой моновакцины от старых, от тех, что были созданы для предупреждения сезонного гриппа?

– Принципиально нового ничего нет, по своему типу это такая же вакцина, – заявила в интервью «Огоньку» Людмила Цыбалова, заместитель директора по науке Института гриппа РАМН, где сейчас и работают над созданием вакцины. – Правда, в сезонную вакцину входит сразу три компонента против трех видов вируса гриппа, а это моновакцина, ее действие направлено непосредственно против нового штамма.

– Тогда какой же вакциной пользоваться? Вытеснит ли пандемический грипп сезонный или мы будем болеть сразу двумя видами гриппа?

– Раньше считалось, что новый штамм вытесняет предыдущий, но есть предположение, что в этот раз все будет иначе. Пока трудно прогнозировать, увидим, как будет развиваться ситуация.

А вот директор НИИ вирусологии РАМН академик Дмитрий Львов и вовсе посоветовал не поддаваться панике и массовому психозу по поводу нового вируса гриппа:

– Мой вам совет: сделайте прививку уже существующими вакцинами против гриппа. В том числе и импортными коммерческими прививками. Может быть, эти вакцины и не совсем адекватны, но в них тоже есть компонент H1N1, к которому чувствительны штаммы свиного гриппа. Возможно, обычные вакцины и не уберегут вас от заболевания и температуры, но вот от тяжелых осложнений и летального исхода вы точно застрахуетесь.

CBSNEWS

Brian Montopoli

Unplugged: Sebelius Says H1N1 "Has Not Gone Away"

CBS News, 9 July 2009, 1:33 PM EDT
https://www.cbsnews.com/news/unplugged-sebelius-says-h1n1-has-not-gone-away/

Health And Human Services Secretary Kathleen Sebelius, speaking from today's flu preparedness summit, said on "Washington Unplugged" today that there are currently about 1 million cases of H1N1 flu transmitting throughout the United States.

"This disease has not gone away," she told CBS News' Bob Orr. "In fact, it's spreading from state to state. We've got outbreaks in every state, in about 102 countries around the world."

"What we're watching very closely, though, is what happens next," Sebelius continued. "So far it hasn't been terrifically lethal…but we need to get prepared for what may happen later this fall."

Sebelius said there remained uncertainty as to the future, and that "we need to be prepared for the worst case scenario."

"We don't know what will happen with this brand new flu strain when it mixes with seasonal flu," she told Orr. Sebelius said a new vaccine to immunize people against H1N1, also known as swine flu, is being prepared, in addition to the standard seasonal flu vaccine, and that she hopes it will be ready later this year.

"We need to make sure it's safe, so the scientists will begin clinical tests this summer, testing to make sure we know the right dosage and we know it doesn't have adverse side effects," Sebelius said. "Assuming that all goes well…we're likely to launch a major vaccination program this fall, having flu vaccine available by mid-October."

The health and human services secretary said the target population for the H1N1 vaccine is younger Americans.

"This is a flu that's hitting school-age and younger kids," she said. "So it's different than seasonal flu."

Sebelius said "we're watching the southern hemisphere," which is currently in the midst of its flu season because it is winter, "really closely."

"We're going to get some pretty good clues on how lethal this disease may be if it mixes with seasonal flu," she said. "That's really what we're watching for."

Sebelius went on to stress that H1N1 is still spreading.

"So the hand washing techniques, you know, coughing into your sleeve, making sure that if you or your children are sick they stay home – that they don't spread this disease any further," she said. "We'd like to actually curtail the disease this summer and not see it continue to spread throughout the country."

Watch the full episode of "Washington Unplugged," which includes both the Sebelius interview and a report from the G-8 Summit in Italy, at left.

YAHOO! NEWS UK & IRELAND

'All Brits' To Be Vaccinated For Swine Flu

SkyNews, 12 July 2009, 11:58 am
https://web.archive.org/web/20090715202501/http://uk.news.yahoo.com/5/20090712/tuk-all-brits-to-be-vaccinated-for-swine-45dbed5.html

The entire population could be vaccinated against swine flu as health chiefs draw up plans to build a nationwide immunity to the disease.

In what would be the biggest vaccination programme of the last 50 years, experts are already formulating a priority list of patients before the bug becomes more virulent.

The fast-tracking comes after the first British patient without underlying health problems succumbed to the disease - the 15th swine flu death in the UK.

Peter Holden, the British Medical Association's lead negotiator on swine flu, told The Sunday Times: "The high risk groups will be done at GPs' surgeries."

He added: "If the virus does (mutate), it can get a lot more nasty, and the idea is to give people immunity.

"But the sheer logistics of dealing with 60 million people can't be underestimated."

On Saturday holidaymakers were advised to check their travel insurance and keep in touch with tour operators as the bug sweeps across the UK.

As school holidays approach, people who contract the virus should consult doctors about whether to stay at home, according to travel association Abta.

Spokeswoman Frances Tuke said the firm had received calls "with regard to insurance".

"Apparently some insurers are placing exemptions on policies. If you need to cancel because of swine flu you need to check your travel insurance policy to ensure it is covered."

Nearly 10,000 Britons have gone down with swine flu after it spread to the UK from Mexico – the third highest case total in the world.

The latest death happened at Basildon and Thurrock University Hospitals NHS Foundation Trust, NHS East of England.

Chief Medical Officer Sir Liam Donaldson has warned that other healthy people were at risk of dying from the disease.

He said: "As with all flu-like viruses, some people are at higher risk than others. Unfortunately, people who are otherwise healthy could also become seriously ill or, sadly, die."

But Sir Liam added: "Fortunately, this particular new virus isn't nearly as severe as it could have been.

"If it had, for example, come out of the bird flu variant it would have been producing much higher levels of mortality."

World Health Organization

Pandemic (H1N1) 2009 briefing, Note 3

Geneva, WHO, 16 July 2009

https://web.archive.org/web/20090716192624/http://www.who.int/csr/disease/swineflu/notes/h1n1_surveillance_20090710/en/index.html

Geneva – As the 2009 pandemic evolves, the data needed for risk assessment, both within affected countries and at the global level, are also changing.

At this point, further spread of the pandemic, within affected countries and to new countries, is considered inevitable.

This assumption is fully backed by experience. The 2009 influenza pandemic has spread internationally with unprecedented speed. In past pandemics, influenza viruses have needed more than six months to spread as widely as the new H1N1 virus has spread in less than six weeks.

The increasing number of cases in many countries with sustained community transmission is making it extremely difficult, if not impossible, for countries to try and confirm them through laboratory testing. Moreover, the counting of individual cases is now no longer essential in such countries for monitoring either the level or nature of the risk posed by the pandemic virus or to guide implementation of the most appropriate response measures.

Monitoring still needed

This pandemic has been characterized, to date, by the mildness of symptoms in the overwhelming majority of patients, who usually recover, even without medical treatment, within a week of the onset of symptoms. However, there is still an ongoing need in all countries to closely monitor unusual events, such as clusters of cases of severe or fatal pandemic (H1N1) 2009 virus infection, clusters of respiratory illness requiring hospitalization, or unexplained or unusual clinical patterns associated with serious or fatal cases.

Other potential signals of change in the currently prevailing pattern include unexpected, unusual or notable changes in patterns of transmission. Signals to be vigilant for include spikes in rates of absenteeism from schools or workplaces, or a more severe disease pattern, as suggested by, for example, a surge in emergency department visits.

In general, indications that health services are having difficulty coping with cases mean that such systems are under stress but they may also be a signal of increasing cases or a more severe clinical picture.

A strategy that concentrates on the detection, laboratory confirmation and investigation of all cases, including those with mild illness, is extremely resource-intensive. In some countries, this strategy is absorbing most national laboratory and response capacity, leaving little capacity for the monitoring and investigation of severe cases and other exceptional events.

Regular updates on newly affected countries

For all of these reasons, WHO *will no longer issue the global tables showing the numbers* of confirmed cases for all countries. However, as part of continued efforts to document the global

spread of the H1N1 pandemic, regular updates will be provided describing the situation in the newly affected countries. WHO will continue to request that these countries report the first confirmed cases and, as far as feasible, provide weekly aggregated case numbers and descriptive epidemiology of the early cases.

For countries already experiencing community-wide transmission, the focus of surveillance activities will shift to reporting against the established indicators for the monitoring of seasonal influenza activity. Those countries are no longer required to submit regular reports of individual laboratory-confirmed cases and deaths to WHO.

Monitoring the virological characteristics of the pandemic virus will be important throughout the pandemic and some countries have well-established laboratory-based surveillance systems in place already for seasonal influenza virus monitoring. Even in countries with limited laboratory capacity, WHO recommends that the initial virological assessment is followed by the testing of at least 10 samples per week in order to confirm that disease activity is due to the pandemic virus and to monitor changes in the virus that may be important for case management and vaccine development.

Updated WHO guidelines for global surveillance reflect in greater detail these recommended changes, in line with reporting requirements set out in the International Health Regulations.

CIDRAP

Lisa Schnirring

WHO suspends reporting of H1N1 case counts

CIDRAP, 16 July 2009
https://www.cidrap.umn.edu/h1n1-2009-pandemic-influenza/who-suspends-reporting-h1n1-case-counts

Citing the questionable usefulness of reporting pandemic H1N1 case counts and the burden it puts on countries experiencing widespread transmission, the World Health Organization (WHO) announced today it will no longer issue regular reports of confirmed global case totals. The WHO has issued 58 such reports since the start of the novel H1N1 outbreak, the last one on Jul 6.

In a statement today, the WHO said countries with sustained community transmission are having an extremely difficult time confirming cases through laboratory testing. In addition, counting individual cases isn't essential for monitoring the level or nature of risk posed by the virus or implementing response measures.

Detecting and confirming all possible cases is highly resource-intensive, the WHO said. "In some countries, this strategy is absorbing most national laboratory and resource capacity, leaving little capacity for the monitoring and investigation of severe cases and other exceptional events."

For these reasons, the WHO said it will no longer issue reports of confirmed cases. However, it said it will provide regular updates on the spread of pandemic flu in newly affected countries.

The focus of surveillance activities in countries where the virus is already established will shift to existing systems for monitoring seasonal flu, the WHO said. Countries are no longer required to submit regular reports of individual confirmed cases and deaths to the WHO.

Monitoring for unusual events such as clusters of severe or fatal cases or changes in clinical patterns is important and should continue, the agency said. It added that countries should maintain vigilance for changes in transmission patterns, such as rising rates of school or work absenteeism, and also surges in emergency department visits, which could foreshadow increasing numbers of severe cases.

Keeping close track of changes in the pandemic virus is also essential for case management and vaccine development, the WHO said. It recommends that even countries with limited lab capacity to follow up initial viological assessment by testing at least 10 samples a week.

CDC says change is no surprise

Tom Skinner, a spokesman for the US Centers for Disease Control and Prevention (CDC), said the change in the WHO's case-reporting policy isn't unexpected, because the WHO and CDC have been emphasizing over the past several weeks that the number of lab-confirmed cases is just the tip of the iceberg of the true number of people who are or were sick with the novel H1N1 virus.

Specific case counts were once needed to help characterize the early spread of the disease, he said. Now that the virus is widespread and poised for a potential surge in the fall, "specific case counts are no longer needed, and since they don't represent the true picture of the situation, they are not necessary," Skinner said.

The CDC will likely make a similar move to downplay the number of confirmed cases, but it will maintain, if not expand, surveillance to gauge the health impact of the pandemic and the severity of the illness, he said.

Michael T. Osterholm, PhD, MPH, director of the University of Minnesota Center for Infectious Disease Research and Policy, publisher of CIDRAP News, said he fully supports the WHO's policy change. The media and other groups have made too much of the case numbers, which grossly underestimate the illness burden, he said.

"This a good thing, but it's only the beginning of what needs to be done," Osterholm said, adding that he hopes the WHO will introduce other comprehensive surveillance measures to more accurately gauge pandemic morbidity and mortality.

Case counts give wrong impression

Peter Sandman, PhD, a New Jersey-based consultant and risk-communication expert, told CIDRAP News that early on in the novel H1N1 outbreak the WHO had a good technical reason to urge countries to track the number of confirmed cases – to help assess community transmission – but the usefulness of the numbers quickly waned.

"The big problem is that almost everyone has used the number of confirmed cases as if it were the true number of cases," he said. "Everyone was pouncing on those numbers." Sandman said even CIDRAP News has made this mistake, repeatedly reporting the number of confirmed cases as if the number meant anything other than how many confirmatory tests were being done.

The downside of the focus on the confirmed case numbers has been that the public perceives the pandemic as less pervasive than experts know it to be, Sandman said. When a public health official makes a reasonable extrapolation of the burden of disease, the number of confirmed cases seems puny by comparison. "Reputable experts are dismissed as nuts," he added.

Sandman said another problem is that an emphasis on the number of confirmed cases, along with the number of deaths, gives the public – and even some government and public health officials – an inflated impression of the case fatality rate.

"The pandemic H1N1 virus could get more deadly at any time," Sandman said. "But if you compare the number of pandemic deaths in the US to the CDC estimates of how many people have already had the disease, it calculates out that the pandemic is less deadly than seasonal flu so far."

However, most people don't do that calculation, he said. "People compare the number of deaths to the number of confirmed cases, and that makes the pandemic look much more deadly, because all the cases that never got confirmatory testing are missing from the denominator."

The Guardian

Owen Bowcott

Swine flu could kill 65,000 in UK, warns chief medical officer

The Guardian, 16 July 2009, 21:54 BST.
https://www.theguardian.com/world/2009/jul/16/swine-flu-pandemic-warning-helpline

Up to 65,000 people could die from swine flu in the UK in a worst case scenario set out by the chief medical officer as the government launched a national service for patients to obtain antiviral drugs over the internet and telephone.

With 29 deaths now linked to the pandemic and a further 53 patients in intensive care, the cabinet's emergency planning committee, Cobra, is meeting three times a week to prepare for the impact of the rapidly spreading pandemic.

On a day of dramatic revelations, the Department of Health revealed:

- 55,000 new infections last week.
- More than 650 people in hospital.
- Half of the UK's children might fall ill.
- 132 million doses of a vaccine – still in development – have been ordered, enough for two injections for every UK citizen.

The internet service and helpline will initially involve 2,000 people in call centres giving out advice and prescribing antiviral drugs such a Tamiflu and Relenza. The number has not yet been given out, but the helpline should open by the end of next week. It is intended to relieve intense pressure on GPs and hospitals.

The online service will let people follow a series of diagrams to input their symptoms, which will then allow them to prescribe drugs for themselves. Every caller will be given a unique reference number after giving their name and address, and will be reminded that antivirals have side-effects. Sir Liam Donaldson, the chief medical officer, said the government would have to trust in the "honesty" of the public not to abuse the system.

The devolved administrations in Scotland, Wales and Northern Ireland will not be part of the National Pandemic Flu Service, but will still rely on frontline services to treat patients.

The new total for swine flu-related deaths includes 26 in England and three in Scotland. It is not known how many had underlying health problems.

Last night, it was reported that a six-year-old boy had died of swine flu in Kent and his school had been closed, but local health authorities refused to confirm any details beyond saying they were investigating a case of swine flu.

The death earlier this week of Chloe Buckley, a six-year-old London schoolgirl, is still being investigated. The first six-year-old to die was Sameerah Ahmad in Birmingham, who had underlying health complications.

Health ministers from across the UK are attending weekly Cobra meetings to assess the impact of the disease. Senior civil servants from across Whitehall are also conferring three times a week.

The health secretary, Andy Burnham, said: "I want the public to be reassured we have been preparing for the possibility of a pandemic for a number of years and all that pre-planning is now paying dividends."

Sir Liam Donaldson said there was no evidence to suggest that the virus was mutating into a more virulent form.

The new service would, he said, "take the pressure off the frontline primary care and A&E departments to allow them to concentrate on the most ill patients".

Current planning assumptions involve a range of anticipated casualty rates. It is expected that as many as 60% of the population will eventually become infected, but only around 30% will fall ill and experience significant symptoms. That would produce 65,000 deaths if the mortality rate was as high as 0.35%, and 19,000 deaths if it was a rate of 0.1%.

The most optimistic scenario set out is based on only 5% of the population falling ill and 3,100 dying.

The mortality range should be seen in the context of recent outbreaks of seasonal winter flu, such as that in 1999-2000, which caused more than 21,000 deaths.

Donaldson said: "We can't give an estimate of deaths from this virus yet. We don't know enough about it." Health officials remained uncertain about what could happen next: infections may accelerate until they reach a peak in September; or the closure of schools for the summer may slow the spread of the disease.

The officials are particularly concerned that the hospitalisation rate is highest in the under-five age group, with young children who catch the infection three times more likely to need inpatient treatment.

Donaldson said infection rates were "absolutely intense" in "hot spots", and spreading.

The NHS has drawn up contingency plans to cancel routine operations if the situation deteriorates further.

One firm monitoring the outbreak said that up to a third of the UK's workforce might have fallen sick by September. Oxford Economics, a forecasting organisation, warns that the pandemic could knock 5% off the country's gross domestic product.

REUTERS

Denny Thomas

Australia's "worst case scenario" 6,000 H1N1 deaths

Reuters, July 16, 2009, 10:04 AM
https://www.reuters.com/article/idUSSYD537212

Sydney, July 16 (Reuters) - As many as 6,000 people could die from H1N1 in Australia this season in a "worst case scenario" if no preventive measures or vaccines are found, Australian Health Minister Nicola Roxon said on Thursday.

The H1N1 influenza has killed 21 people in Australia so far and there are 10,387 confirmed cases, according to data compiled by Australia's health department.

"We could expect around 6,000 deaths across the country," Roxon told local radio. "That is the really worst case scenario that is being projected at the moment."

Each year a few thousand Australians die from influenza.

The World Health Organization has confirmed 429 deaths and 94,512 cases of H1N1, declared a pandemic last month. But these numbers represent only a fraction of the real cases.

Swine flu is the dominant flu in Australia this southern hemisphere winter and authorities say they have ordered 21 million doses of swine flu vaccine still under development.

They say that should be enough for half the 21 million population with multiple doses.

The U.S. Centers for Disease Control and Prevention says at least a million people have been infected with H1N1 and the virus is spreading out of control.

Disease control experts say the death rate from H1N1 is similar to the death rate from seasonal influenza, which kills anywhere between 250,000 and 500,000 people globally each year.

NWO Observer

Karmen Horvat

Charges For Conspiracy Against Mankind

NWO Observer, 16 July 2009
https://nwoobserver.wordpress.com/2009/07/16/the-austrian-reporter-claims-the-swine-flu-was-created-in-order-to-eliminate-huge-numbers-of-the-population-and-attain-global-control/

The Austrian reporter claims: the swine flu was created in order to eliminate huge numbers of the population and attain global control!

"I have filed criminal charges in Austria against Baxter and Avir Green Hills Biotechnology for producing and distributing contaminated bird flu vaccine material this winter, alleging that this was a deliberate act to cause a pandemic, and also to profit from that pandemic" – this is the beginning of the charges raised by Austrian reporter Jane Burgermeister on April 8 at the Vienna State Attorney`s Office.

...

Biggest crime in the history of mankind

Jane Burgermeister went a step further: warning that the biggest crime in history of mankind was on the verge, she has decided to file criminal charges at the American FBI against the World Health Organization (WHO), the United Nations and several high government and pharmaceutical responsible for vaccines, with charges of planning mass murder.

Furthermore, the reporter will request a court ban of mandatory vaccination against the swine flu.

According to Burgermeister, bioterrorism is promoted by a group of U.S. bankers who control Federal reserves, as well as WHO, UN and NATO. The group of conspirators has also infiltrated the very pinnacle of the American state.

WHO delivered bird flu to laboratories, which unleashed it

According to the reporter, the group has unleashed artificially created viruses – bird flu and swine flu in order to eliminate huge numbers of the population and subsequently profit from selling vaccine through Baxter and other companies, along with using mandatory vaccination in certain countries. Of course, with the goal of controlling the pandemic.

Her latest lawsuit refers to the one filed in April. At the time, Burgermeister submitted evidence that Baxter laboratories in Austria intentionally unleashed 72 kilos of active bird flu virus. The virus was supposedly delivered by the WHO to 16 laboratories in four countries. Even though security is tight with dangerous matters, especially those classified as bio weapons, the procedure was not honoured this time.

According to Burgemeister, the release of these viruses serves the WHO so that it can stat distributing vaccine once enough time passes for an epidemic to occur. Various lethal diseases would also be injected along with the vaccination, thus eliminating huge numbers of the population.

USA would be the first "cleansed" country

The reporter claims that the American government has systematically been introducing measures since 2008, intended for cutting back constitutional freedoms so that when the time comes, they can conduct mandatory vaccination. The media play a part as well, convincing people of the seriousness of the swine flu, announcing the vaccination.

Finally, what the group which has spurred a food of conspiracies, is trying to achieve, is control over North America in order to exploit its natural resources without any obstacles. Later on, the similar process will take place all over the world, according to prognosis.

Are statements of some of the accused men a month after Burgermeister`s initiative hints of her claims being true?

– The swine flu virus is now unstoppable. The world is moving into the early days of its first influenza pandemic in the 21st century – Margaret Chan, Director-General of WHO said on June 11.

With this statement, the media write, the WHO has given pharmaceutical companies the green light of finding a vaccine. What is more, "every country will need to vaccinate citizens against the A/flu virus and must choose who else would get priority after nurses, doctors and technicians", said Dr. Marie-Paule Kieny, WHO director of the Initiative for Vaccine Research.

– The committee recognized that the H1N1 pandemic … is unstoppable and therefore that all countries need access to vaccine – Kieny concluded. The British cabinet has now announced that it will vaccinate all of its citizens, due to the increasing number of persons who have contracted the virus and died of the swine flu.

Infection Control TODAY®

WHO Changes Reporting Requirements for Pandemic H1N1 Virus Infection

Infection Control Today July 18, 2009
https://www.infectioncontroltoday.com/view/who-changes-reporting-requirements-pandemic-h1n1-virus-infection

As the 2009 pandemic evolves, the data needed for risk assessment, both within affected countries and at the global level, are also changing, says the World Health Organization (WHO). At this point, further spread of the pandemic, within affected countries and to new countries, is considered inevitable, according to the organization.

It says that this assumption is fully backed by experience. The 2009 influenza pandemic has spread internationally with unprecedented speed. In past pandemics, influenza viruses have needed more than six months to spread as widely as the new H1N1 virus has spread in less than six weeks.

The increasing number of cases in many countries with sustained community transmission is making it extremely difficult, if not impossible, for countries to try to confirm them through laboratory testing. Moreover, the counting of individual cases is now no longer essential in such countries for monitoring either the level or nature of the risk posed by the pandemic virus or to guide implementation of the most appropriate response measures.

This pandemic has been characterized, to date, by the mildness of symptoms in the overwhelming majority of patients, who usually recover, even without medical treatment, within a week of the onset of symptoms. However, the WHO says there is still an ongoing need in all countries to closely monitor unusual events, such as clusters of cases of severe or fatal pandemic (H1N1) 2009 virus infection, clusters of respiratory illness requiring hospitalization, or unexplained or unusual clinical patterns associated with serious or fatal cases.

Other potential signals of change in the currently prevailing pattern include unexpected, unusual or notable changes in patterns of transmission. Signals to be vigilant for include spikes in rates of absenteeism from schools or workplaces, or a more severe disease pattern, as suggested by, for example, a surge in emergency department visits.

In general, indications that health services are having difficulty coping with cases mean that such systems are under stress but they may also be a signal of increasing cases or a more severe clinical picture.

A strategy that concentrates on the detection, laboratory confirmation and investigation of all cases, including those with mild illness, is extremely resource-intensive. In some countries, this strategy is absorbing most national laboratory and response capacity, leaving little capacity for the monitoring and investigation of severe cases and other exceptional events.

For all of these reasons, the WHO says it will no longer issue the global tables showing the numbers of confirmed cases for all countries. However, as part of continued efforts to document the global spread of the H1N1 pandemic, regular updates will be provided by WHO describing the situation in the newly affected countries. WHO says it will continue to request that these countries report the first confirmed cases and, as far as feasible, provide weekly aggregated case numbers and descriptive epidemiology of the early cases.

For countries already experiencing community-wide transmission, the focus of surveillance activities will shift to reporting against the established indicators for the monitoring of seasonal influenza activity. Those countries are no longer required to submit regular reports of individual laboratory-confirmed cases to WHO.

Monitoring the virological characteristics of the pandemic virus will be important throughout the pandemic and some countries have well-established laboratory-based surveillance systems in place already for seasonal influenza virus monitoring. Even in countries with limited laboratory capacity, WHO recommends that the initial virological assessment is followed by the testing of at least 10 samples per week in order to confirm that disease activity is due to the pandemic virus and to monitor changes in the virus that may be important for case management and vaccine development.

SPIEGEL International

Interview conducted by Johann Grolle and Veronika Hackenbroch

A Whole Industry Is Waiting For A Pandemic

Spiegel International, 21 July 2009
http://www.spiegel.de/international/world/0,1518,637119,00.html

SPIEGEL: Mr. Jefferson, the world is living in fear of swine flu. And some predict that, by next winter, one-third of the world's population might be infected. Are you personally worried? Are you and your family taking any precautions?

Tom Jefferson: I wash my hands very often -- and it's not all because of swine flu. That's probably the most effective precaution there is against all respiratory viruses, and the majority of gastrointestinal viruses and germs as well.

SPIEGEL: Do you consider the swine flu to be particularly worrisome?

Jefferson : It's true that influenza viruses are unpredictable, so it does call for a certain degree of caution. But one of the extraordinary features of this influenza – and the whole influenza saga – is that there are some people who make predictions year after year, and they get worse and worse. None of them so far have come about, and these people are still there making these predictions. For example, what happened with the bird flu, which was supposed to kill us all? Nothing. But that doesn't stop these people from always making their predictions. Sometimes you get the feeling that there is a whole industry almost waiting for a pandemic to occur.

SPIEGEL: Who do you mean? The World Health Organization (WHO)?

Jefferson: The WHO and public health officials, virologists and the pharmaceutical companies. They've built this machine around the impending pandemic. And there's a lot of money involved, and influence, and careers, and entire institutions! And all it took was one of these influenza viruses to mutate to start the machine grinding.

SPIEGEL: On your Italian homepage, there is a "pandemic countdown" that expires on April 1. Don't you think the situation calls for just a bit more seriousness?

Jefferson: I'm just using it ironically to expose the false certainty that we are fed. Will one-third of the world's population get swine flu? Nobody can say for sure right now. For now, at least, I don't really see any fundamental difference, no difference in the definition between this and a normal flu epidemic. Swine flu could have even stayed unnoticed if it had been caused by some unknown virus rather than an influenza virus.

SPIEGEL: Do you think the WHO declared a pandemic prematurely?

Jefferson: Don't you think there's something noteworthy about the fact that the WHO has changed its definition of pandemic? The old definition was a new virus, which went around quickly, for which you didn't have immunity, and which created a high morbidity and mortality rate. Now the last two have been dropped, and that's how swine flu has been categorized as a pandemic.

SPIEGEL: But, year after year, 10,000-30,000 people in Germany alone die from influenza. In the Western world, influenza is the most deadly infectious disease there is.

Jefferson: Hold on! These figures are nothing more than estimates. More than anything, you have to distinguish between an influenza-like illness and a genuine flu, the real influenza. Both of them have the same symptoms: a sudden high fever, a sore throat, coughing, rheumatic pain in the back and legs, possible bronchitis and pneumonia. But real flues, real influenzas are only caused by influenza viruses, while there are more than 200 different viruses that cause influenza-like illness. When it comes to figures related to so-called flu deaths, you always get other causes of death caused by other viruses mixed in. Now, in the case of elderly people who die of pneumonia, nobody would do a postmortem to figure out if it was really an influenza virus that killed them. Approximately 7 percent of influenza-like illness cases are caused by influenza viruses. It's a very small percentage. What I know is that real influenza is systematically overestimated.

SPIEGEL: And what about the 200 other kinds of viruses?

Jefferson: They're not as popular as influenza. Researchers are just not as interested in that. Take rhinovirus, a horse-derived virus. It's the most commonly isolated agent in common colds. There are a hundred different types of these rhinoviruses. They usually only cause a normal runny nose, but they can be deadly, too. Or so-called RSV, the human respiratory syncytial virus, that is highly dangerous to infants and small children.

SPIEGEL: So why aren't researchers interested in it?

Jefferson: It's easy: They can't make money with it. With rhinoviruses, RSV and the majority of the other viruses, it's hard to make a lot of money or a career out of it. Against influenza, though, there are vaccines, and there are drugs you can sell. And that's where the big money from the pharmaceuticals industry is. It makes sure that research on influenza is published in the good journals. And that's why you have more attention being paid there, and the entire research field becomes interesting for ambitious scientists.

SPIEGEL: But is there any scientific reason to be interested in influenza viruses?

Jefferson: The strict focus on influenza is not only misguided; it's also dangerous. Do you remember something called SARS? That was a truly dangerous epidemic. It was like a meteor: It came and it went quickly, and it killed a lot of people. SARS took us by surprise because it was caused by a completely unknown coronavirus. Where did it come from? Where did it go? Or is it still here? We still don't know. There are lots of other strange things like that coming out. Every year, a new agent is identified. For example, there's something called bocavirus, which can cause bronchitis and pneumonia in small children. And there's something called metapneumovirus, which studies say is responsible for more than 5 percent of all flu-related illnesses. So, we should keep our eyes open in all directions!

SPIEGEL: But the great pandemic of 1918/1919 was caused by an influenza virus, and it killed up to 50 million people around the world. Or do scientists contest that?

Jefferson : It's very well possible that it was, but there are many aspects about the 1918/1919 pandemic that still puzzle us. It was only 12 years ago that we learned that the H1N1 virus caused it. But there was also a lot of bacterial activity going on at the time. And it's particularly unclear why the mortality rate for the flu dropped so dramatically after World War II. Today, you only get a fraction of what was standard before the war. When it comes to the later pandemics, such as the "Asian flu" of 1957 or the "Hong Kong flu" of 1968/69, you can barely detect them as exceptional figures when it comes to death statistics as a whole.

Contradictions between Scientific Findings and Practice

SPIEGEL: So why should we even speak of pandemics at all?

Jefferson: That's something you should ask the World Health Organization!

SPIEGEL: In your opinion, what do you think it takes to make a virus like the swine flu a global threat?

Jefferson: Unfortunately, we can only say that we don't know. I suspect that the whole issue is much more complex than we are even able to imagine it today. Given all the viruses that produce flu-like symptoms, perhaps Robert Koch's postulate that one particular pathogen causes one particular disease doesn't go far enough. Why, for example, do we not get influenza in the summertime? In the end, the pathogen is there all year long! Already in the 19th century, the German chemist and hygienist Max von Pettenkofer had developed a theory about how the pathogen's contact with the environment can alter the disease. I think that research in this direction would be worthwhile. Perhaps it would allow us to understand the pandemic of 1918/1919 better or to be able to assess the dangers of swine flu.

SPIEGEL: Humans have better defenses today than they did in 1918, and it probably won't be long before we have a swine flu vaccine. Last week, Germany's federal government announced that it wanted to buy enough for 30 percent of the population. How much do you think that will protect us?

Jefferson: When it comes to pandemic vaccination, as we say in English, the proof is in the pudding. The proof is in using it. We'll see. It does generate an antibody response, but will it really guard against the disease?

SPIEGEL: Are you pessimistic about that?

Jefferson: No, I'm just saying I think we're about to find out *(laughter)*. Let's have this conversation again in about a year's time, shall we?

SPIEGEL: For a number of years, as part of the Cochrane Collaboration, you have been systematically evaluating all the studies on immunization against seasonal influenza. How good does it work?

Jefferson: Not particularly good. An influenza vaccine is not working for the majority of influenza-like illnesses because it is only designed to combat influenza viruses. For that reason, the vaccine changes nothing when it comes to the heightened mortality rate during the winter months. And, even in the best of cases, the vaccine only works against influenza viruses to a limited degree. Among other things, there is always the danger that the flu virus in circulation will have changed by the time that the vaccine product is finished with the result that, in the worst case, the vaccine will be totally ineffectual. In the best of cases, the few decent studies that exist show that the vaccine mainly works with healthy young adults. With children and the elderly, it only helps a little, if at all.

SPIEGEL: But aren't those the exact groups that influenza immunization is recommended for?

Jefferson: Indeed. That's one of the contradictions between scientific findings and practice, between evidence and policy.

SPIEGEL: So, what's behind this contradiction?

Jefferson: Of course, that has something to do with the influence of the pharmaceutical industry. But it also has to do with the fact that the importance of influenza is completely overestimated. It has to do with research funds, power, influence and scientific reputations!

SPIEGEL: So, at the moment is it reasonable to keep vaccinating against seasonal influenza?

Jefferson: I can't see any reason for it, but I'm not a decision maker.

SPIEGEL: And what about Tamiflu and Relenza, two of the anti-flu medications that are being deployed against swine flu? How well do they really work?

Jefferson : If taken at the right time, on average, Tamiflu reduces the duration of a real influenza by one day. One study also found that it diminishes the risk of pneumonia.

SPIEGEL: Could these medications lower mortality rates associated with the flu?

Jefferson : That's possible, but it has yet to be scientifically proven.

SPIEGEL: And what about side effects?

Jefferson: Tamiflu can cause nausea. And there are things that point toward psychiatric side effects. There are reports coming out of Japan that young people who have taken Tamiflu have had acute psychotic reactions similar to those found in schizophrenics.

SPIEGEL: So, is it sensible to use such medications at all?

Jefferson : When it comes to severe disease, yes. But under no circumstances should Tamiflu be handed out to whole schools, as is currently sometimes being done. With that being the case, it doesn't surprise me at all that we're already hearing reports about resistant strains of swine flu.

SPIEGEL: In Germany, the government is supposed to stockpile flu medications for 20 percent of the population. Do you see that as being sensible?

Jefferson: Well, at least there are much cheaper ways to accomplish a lot more. For example, school children should be taught to wash their hands regularly -- preferrably after every class! And every airport should install a couple hundred wash basins. Whoever gets off a plane and doesn't wash their hands should be stopped by the border police. You could tell for example by putting an invisible, neutral dye in the water. And wearing masks can be sensible, as well.

SPIEGEL: Has it really been shown that these measures work?

Jefferson : There are several good studies on this that were done during the SARS epidemic. They are so-called case-control studies that examined individuals that had had close contact with the SARS virus. They compared the characteristics of those who had been infected with the virus through this contact with those of people who had not been infected. These studies resulted in very clear results.

SPIEGEL: You sound pretty impressed.

Jefferson: I am. What's great about these measures is not only that they are inexpensive, but also that they can help against more than just influenza viruses. This method can fight against the 200 pathogens that bring about flu symptoms as well as against gastrointestinal viruses and completely unknown germs. One study done in Pakistan has shown that hand washing can even save children's lives. Someone should get a Nobel Prize for that!

SPIEGEL: Mr. Jefferson, we thank you for this interview.

PAKISTAN OBSERVER

Khalid Saleem

Of swine flu!

Pakistan Observer, 23 July 2009, Rajab 28, 1430
https://web.archive.org/web/20091003172931/http://pakobserver.net/200907/23/Articles01.asp

Ominous reports emanating from the West are spreading quite a scare about the spreading of what has been called 'swine flu'. The epidemic reportedly originated from Mexico and then permeated north into the United States where a dozen fatal cases have been reported. One of the hazards of the emergence of the 'global village' is that there is very little to prevent the spreading of such epidemics. It may be pertinent to point out that this is by no means the first scare, though one must record that this may be the first in which the accusing finger cannot be pointed at Asia or Africa.

The swine flu, let it be said is basically a Western phenomenon. Not so very long ago, two news items concerning public health had appeared in the media. One related to what was then termed as 'bird flu'. It quoted an international vaccine expert as warning that it was only a matter of time before a "deadly flu pandemic" struck. The world, he warned, was ill prepared to cope with such a major outbreak of the disease. "We are talking about a killer influenza that would kill probably tens of millions of people," stated Mr. John Clemens, director of the International Vaccine institute. "We are not talking about if, we are talking about when", he ominously added.

Another earlier item was about AIDS and its devastating impact on health in the continent of Africa. The Kenyan lady minister, winner of the Nobel peace prize 2004, was quoted as having expressed the conviction that the AIDS virus was not a natural phenomenon but happened to be man-made. She went on to imply that the spreading of the AIDS virus over vast areas of the African continent, too, was a deliberate act (accident/conspiracy?). The powers that be and their spin doctors ensured that this point of view was instantly 'killed'. The aforementioned news items provide serious food for thought. For one thing, they serve to shake one's confidence in the role of the modern medical research establishment.

For another, they serve to add fuel to the already boiling conspiracy theory cauldron as regards the AIDS epidemic. Together they should be enough to spread panic in an already jittery world community. Some pertinent questions, thereby, crop up, begging for answers. Among them are:

a) Have our overall priorities undergone a drastic change to the detriment of the interests of mankind?

b) Is it logical to assume that the dedication and hard work that once characterized medical research is now a thing of the past? and

c) Is modern medical research today controlled by expediency rather than ethics and is, thus, in conflict with nature?

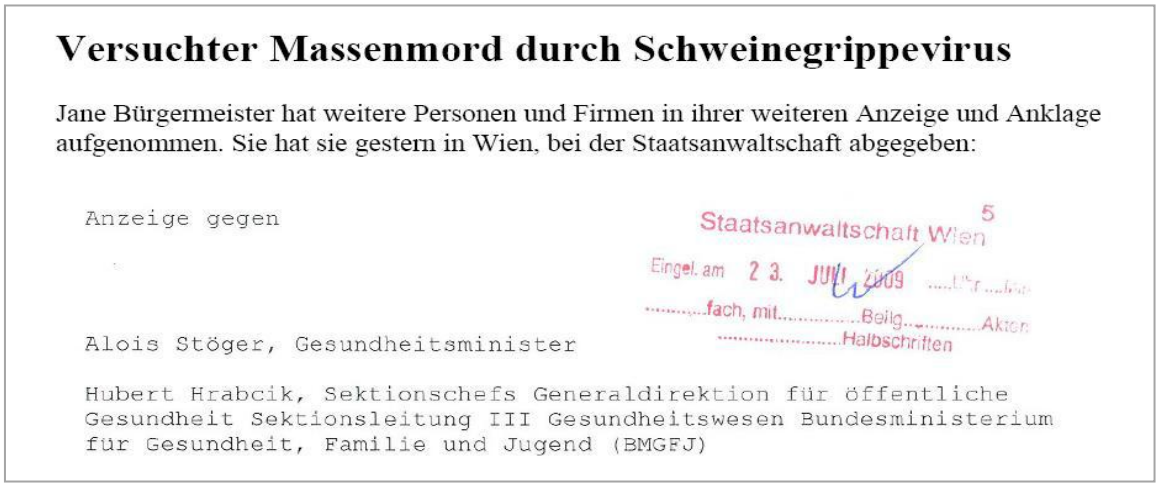
The history of medical research, one finds though, tells a different and touching story. The perspicacious reader may be interested in the following item reproduced by the International Herald Tribune from its pages, circa June 1899: "The Liverpool School for Tropical Diseases has decided to dispatch to the West Coast of Africa a special expedition for the purpose of investigating the

causes of malaria. The expedition will be headed by Major Ross and will start for Sierra-Leone early in August, when the malaria season is at its height and the conditions are most favorable for research. Major Ross hopes to prove his theory that malaria is caused by the bites of a mosquito."

The reader will undoubtedly have noted the profoundly touching sense of dedication of researchers of the likes of the said Major Ross. These pioneers surmounted fearful odds in their endeavors to discover the healing touch for humanity's ailments. Humanity benefited enormously from the hard work put in by such dedicated individuals. Regrettably, today the world has acquired a mercenary hue. In the days gone by, such research was carried out with extremely scarce resources and with what can only be described as 'missionary zeal'. Today it is pelf that rules the roost. The expedition of the aforementioned Major Ross and his dedicated team is a case in point. Over the years, medical research took enormous strides. Several ailments, many of them theretofore considered incurable, were successfully treated thanks to the selfless efforts of countless researchers who dedicated their lives to their work in the interest of humanity. Public memory is proverbially short. How many people even recall the time when such deadly diseases as pneumonia were considered incurable and fatal? And yet today hardly anyone gives a second thought to such ailments. Nonetheless, it would be imprudent to ignore the fact that it is nature that guides man's efforts. Cures to all man's ailments are to be found in nature. They are just waiting to be discovered. It is no coincidence that that all medicines were originally discovered in natural form usually in the flora and fauna. It was only after discovery in nature that various drugs were synthesized for mass production.

Nature, incidentally, has prescribed a certain regime for each species to be safe from disease. Out of all species, it is man alone who violates the regime prescribed by nature. As a result, humankind pays a terrible price. Each succeeding generation is prone to newer and newer ailments, not a few of them man-made. Nature does not take kindly to mankind's indiscretions.

While on this subject, one must take note of the rather intriguing fact that, despite the giant strides taken by the medical profession in the field of curative medicine, the cure for common cold still continues to elude them. It would appear that common cold is the symbol of the resolve of nature to stay a step ahead of man. This may well be nature's way of putting humankind in its place.



Versuchter Massenmord durch Schweinegrippevirus

Jane Bürgermeister hat weitere Personen und Firmen in ihrer weiteren Anzeige und Anklage aufgenommen. Sie hat sie gestern in Wien, bei der Staatsanwaltschaft abgegeben:

Anzeige gegen

Staatsanwaltschaft Wien 5
Eingel. am 23. JULI 2009 ...Uhr...
...fach, mit...Beilg...Akten
...Halbschriften

Alois Stöger, Gesundheitsminister

Hubert Hrabcik, Sektionschefs Generaldirektion für öffentliche Gesundheit Sektionsleitung III Gesundheitswesen Bundesministerium für Gesundheit, Familie und Jugend (BMGFJ)

Jane Bürgermeister

Versuchter Massenmord durch Schweinegrippevirus

Wien, 23 July 2009

https://www.pdfprof.com/PDF_Image.php?idt=18733&t=32
https://docplayer.org/24523482-Versuchter-massenmord-durch-schweinegrippevirus.html

Jane Bürgermeister hat weitere Personen und Firmen in ihrer weiteren Anzeige und Anklage aufgenommen. Sie hat sie gestern in Wien, bei der Staatsanwaltschaft abgegeben:

Anzeige Gegen:

- Alois Stöger, Gesundheitsminister
- Hubert Hrabcik, Sektionschefs Generaldirektion für öffentliche Gesundheit Sektionsleitung III Gesundheitswesen Bundesministerium für Gesundheit, Familie und Jugend (BMGFJ)
- Ulrich Herzog, Obersten Veterinär und Leiter des Fachbereich IV/B Verbraucher-Gesundheit des Bundesministeriums für Gesundheit
- Maria Rauch-Kallat, Ex-Gesundheitsministerin
- Otfried Kistner, Direktor für Virologie der Firma Baxter
- Hartmut Ehrlich, Vorstand der Baxter AG
- Noel Barret, Vorstand der Baxter AG
- Harald Eisenmenger, Oberstaatsanwaltschaft Wien
- Oscar Bronner, Gründer des Nachrichtenmagazins profil
- Christian Rainer, Herausgeber und Chefredakteur des Nachrichtenmagazins profil
- Emil Bobi, Journalist des Nachrichtenmagazins profil
- Heinz-Christian Strache, FPÖ Bundesparteiobmann und Klubobmann
- Dagmar Belakowtisch-Jenewein, FPÖ Gesundheitssprecherin
- Karl Korinek, Ex-Präsident des VfGH
- Gerhart Holzinger, Präsident des VfGH
- Werner Faymann, Kanzler

Wegen dringenden Verdachts auf Entwicklung, Herstellung, Verbreitung und Einsatzes von Biologischen Massenvernichtungswaffen

mit der Absicht eine globale Pandemie auszulösen, Massenmord durch Zwangsimpfungen mit toxischen Substanzen durchzuführen und sich dadurch zu bereichern

mit Handlungen, die gegen Gesetze bezüglich international organisierter Kriminalität und Landesverrat verstossen.

Inhalt

A. Zusammenfassung der Anklagepunkte und deren Begründungen
B. Der Sachverhalt: Zeitleiste und Hintergrundinformation
C. Diskussion

=> See the entire Document at the website =>
https://www.pdfprof.com/PDF_Image.php?idt=18733&t=32

Medical Xpress

Mexico swine flu 'patient zero' was baby girl in February

MedicalXpress, 24 July 2009
https://medicalxpress.com/news/2009-07-mexico-swine-flu-patient-baby.html

Mexico's first known swine flu case was a six-month-old baby girl in a northern part of the country who had no known contact with pig farms, the head of a laboratory studying the virus told AFP Thursday.

"It's a six-month-old baby girl from San Luis Potosi who is alive" and first showed symptoms of the new strain of the influenza A(H1N1) virus on February 24, said Celia Alpuche of the Institute of Epidemiological Diagnosis and Reference (INDRE) in Mexico City.

Worldwide media honed in on two possible "patient zeros," including a five-year-old boy who lived near a pig farm in eastern Mexico and a woman from Oaxaca, in the southeast, after the government first raised the A(H1N1) alert exactly three months ago.

Both had contracted the virus, which has now killed more than 700 people worldwide, in April.

But studies carried out on a backlog of samples show that a first handful of recorded cases appeared in March in central and northern Mexico, before any showed up further south, said Alpuche.

"We have other positive samples in March from Baja California (northwest), San Luis Potosi and Mexico City (center)," Alpuche said, referring to results discovered around one month ago.

"It's complicated to say where it originated but the earlier samples are not from rural areas, that's to say areas with farms (or) pigs," she added.

Mexico's swine flu death toll now stands at 138, with almost 14,800 recorded cases, and the country has recently seen an upsurge of cases in the impoverished southeast.

CBS NEWS

WHO: Swine Flu Could Infect 2 Billion

CBS News, 24 July 2009, 8:43 AM EDT / AP
https://www.cbsnews.com/news/who-swine-flu-could-infect-2-billion/

The World Health Organization's flu chief says the global H1N1 (swine flu) pandemic is still in its early stages and 2 billion infections over the course of the pandemic is "a reasonable ballpark to be looking at."

Keiji Fukuda, WHO's Assistant Director-General for Health Security and Environment, told The Associated Press on Friday that previous pandemics show even a few million cases could be "relatively early in the pandemic" and that given the size of the world's population, the new H1N1 virus is likely to spread for some time.

Fukuda says reports from Britain of a sharp spike in cases is consistent with WHO's expectations even though the Geneva-based agency has only received confirmed reports of some 130,000 infections worldwide.

The global health agency stopped asking governments to report new cases last week, saying the effort was too great now that the disease has become so widespread in some countries.

Health authorities in Britain say there were over 100,000 infections in England alone last week, while U.S. authorities estimate the United States has over 1 million swine flu cases. Those figures dwarf WHO's tally of 130,000 confirmed cases worldwide since the start of the outbreak last spring.

"We know that the total number of laboratory confirmed cases is really only a subset of the total number of cases," Fukuda said.

Fukuda, the former chief of epidemiology at the U.S. Centers for Disease Control and Prevention, also said there must be no doubt over the safety of swine flu vaccines before they are given to the public.

Health officials and drug makers are looking into ways of speeding up the production of the vaccine before the northern hemisphere enters its flu season in the fall.

"Everybody involved with the vaccine work, from manufacturers up to the regulatory agencies, are looking at what steps can be taken to make the process as streamlined as possible," Fukuda said. "*One of the things which cannot be compromised is the safety of vaccines*."

CBC

Swine flu pandemic in early days: WHO

CBC.ca, 24 July 2009, 9:29 AM EDT.
https://www.cbc.ca/news/science/swine-flu-pandemic-in-early-days-who-1.781667

The global swine flu epidemic is still in its early stages, even though reports of over 100,000 infections in England alone last week are plausible, the World Health Organization's flu chief said Friday.

Keiji Fukuda, WHO's assistant director-general for health security and environment, told The Associated Press that given the size of the world's population, the new H1N1 virus is likely to spread for some time.

WHO earlier estimated that as many as two billion people could become infected over the next two years.

"Even if we have hundreds of thousands of cases or a few millions of cases …we're relatively early in the pandemic," Fukuda said in an interview at WHO's headquarters in Geneva.

The global health agency stopped asking governments to report new cases last week, saying the effort was too great now that the disease has become so widespread in some countries.

Authorities in Britain say there were over 100,000 infections in England alone last week, while U.S. health officials estimate the United States has passed the one million case mark. Those figures dwarf WHO's tally of 130,000 confirmed cases worldwide since the start of the outbreak last spring.

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Fukuda, the former chief of epidemiology at the U.S. Centers for Disease Control and Prevention, also said there must be no doubt over the safety of swine flu vaccines before they are given to the public.

Dramatic rise in H1N1 cases expected

Health officials and drug makers are looking into ways of speeding up the production of the vaccine before the Northern Hemisphere enters its flu season in the fall.

The first vaccines are expected in September and October, said Fukuda. Other vaccines will take until December or January before they are released onto the market — well into flu season when a further dramatic rise in swine flu cases is predicted.

"Everybody involved with the vaccine work, from manufacturers up to the regulatory agencies, are looking at what steps can be taken to make the process as streamlined as possible," Fukuda said. "One of the things which cannot be compromised is the safety of vaccines."

The search for an effective inoculation has taken on a new urgency as WHO announced that almost 800 people have died from the disease in the past four months. This is more than the H5N1 bird flu strain has killed in six years.

One question that scientists and health officials have disagreement on is whether pregnant women should be among the first to receive a vaccine.

A report by WHO experts found that pregnant women appear to be "at increased risk for severe disease, potentially resulting in spontaneous abortion and/or death, especially during the second and third trimesters of pregnancy."

Several women and their children have died in recent weeks, though obesity may have played a role in some of the deaths, the report says.

"Pregnant women have emerged as one of the groups that we are concerned about as being at higher risk than other people in terms of having the possibility of developing severe illness," said Fukuda.

Poor countries a priority

But right now, WHO is holding back on recommending that pregnant women receive priority vaccinations. And the agency is not commenting on the contentious suggestion by British and Swiss health officials that women should consider delaying pregnancy if they can.

"WHO certainly has no recommendations on whether women should try to have children" now, Fukuda said.

The agency has been working hard to ensure that poor countries receive vaccines too, despite rich nations having pre-ordered most of the available stock. A WHO spokesman said Friday that two drug makers have pledged to donate 150 million doses of vaccine to poorer countries by the end of October.

"We're working with a range of partners to secure more vaccine for developing countries," WHO's Gregory Hartl said.

Fukuda, who is effectively in charge of WHO's pandemic response until mid-August while the agency's Hong Kong-born director-general Margaret Chan is on home leave, also addressed the possibility that the virus might mutate and become resistant to anti-viral drugs such as Tamiflu.

Four separate Tamiflu-resistant cases have been reported recently from Denmark, Japan, Hong Kong and Canada.

Swine flu could sicken over 2 billion in 2 years

U.S. health officials say 20 to 40 percent of Americans could become ill from swine flu over the next two years.

NBC News, 24 July 2009, 9:39 PM + 08
https://www.nbcnews.com/id/wbna32122776

U.S. health officials say swine flu could strike up to 40 percent of Americans over the next two years and as many as several hundred thousand could die if a vaccine campaign and other measures aren't successful.

Those estimates from the Centers for Disease Control and Prevention mean about twice the number of people who usually get sick in a normal flu season would be struck by swine flu. Officials said those projections would drop if a new vaccine is ready and widely available, as U.S. officials expect.

The U.S. may have as many as 160 million doses of swine flu vaccine available sometime in October, and U.S. tests of the new vaccine are to start shortly, federal officials said this week.

The infection estimates are based on a flu pandemic from 1957, which killed nearly 70,000 in the United States but was not as severe as the infamous Spanish flu pandemic of 1918-19. But influenza is notoriously hard to predict. The number of deaths and illnesses would drop if the pandemic peters out or if efforts to slow its spread are successful, said CDC spokesman Tom Skinner.

A CDC official said the agency came up with the estimate last month, but it was first disclosed in an interview with The Associated Press.

"Hopefully, mitigation efforts will have a big impact on future cases," Skinner said.

In a normal flu season, about 36,000 people die from flu and its complications, according to American Medical Association estimates. Because so many more people are expected to catch the new flu, the number of deaths over two years could range from 90,000 to several hundred thousand, the CDC calculated. Again, that is if a new vaccine and other efforts fail.

The World Health Organization says as many as 2 billion people could become infected over the next two years – nearly one-third of the world population. The estimates look at potential impacts over a two-year period because past flu pandemics have occurred in waves over more than one year.

Virus impossible to predict

While manufacturers rush to develop a vaccine to stop the spread of H1N1 virus across the globe, the WHO's flu chief says the swine flu will likely mutate over a long period of time. Keiji Fukuda, WHO's Assistant Director-General for Health Security and Environment, says its impossible to predict what shape the virus may take.

"Even if we have hundreds of thousands of cases or a few millions of cases ... we're relatively early in the pandemic, "he said in an interview at WHO's headquarters in Geneva.

"For the moment we haven't seen any changes in the behavior of the virus. What we are seeing still is a geographic expansion across countries," Hartl said, while warning that the flu could mutate with the onset of colder temperatures.

"We do have to be aware that there could be changes and we have to be prepared for those."

Fukuda says the virus hasn't yet shown a widespread resistance to the anti-viral drug Tamiflu, although a few scattered cases have developed.

Also Friday, the WHO said the virus is starting to infect older people, and pregnant women and the obese are at highest risk.

In a statement, the agency said school-age children remain most affected by the newly discovered virus that has been spreading fast in schools and is gaining momentum in broad communities alongside seasonal flu.

"It remains a top priority to determine which groups of people are at highest risk of serious disease so steps to best protect them can be taken," it said, estimating that vaccine manufacturers should have H1N1 shots ready soon.

At least 50 governments worldwide have placed orders or are negotiating with pharmaceutical companies to secure supplies of vaccines against the H1N1 strain, which are still being developed and tested.

"We expect the first doses to be available for human use in early autumn of the northern hemisphere," Hartl said.

The WHO is trying to ensure that health workers in the world's poorest countries can be vaccinated against the strain so that their hospitals and medical clinics can stay open.

Rich nations have already have already pre-ordered most of the vaccine's available stock. But two manufacturers have promised to donate 150 million doses and the Geneva-based United Nations agency is negotiating with other producers for further doses which would be earmarked for the least developed countries, he said.

Hartl did not name the donor companies. Leading vaccines makers include Sanofi-Aventis, Novartis, Baxter, GlaxoSmithKline and Solvay.

It is still unclear if one or two jabs will be required for protection against the virus – a never-before-seen combination of swine, bird and human flu strains. Its emergence and international transmission caused the WHO to declare in June that a full pandemic is under

TORONTO STAR

Frank Jordans

Pandemic still in early stages: WHO flu chief

Toronto Star // Associated Press, 24 July 2009
https://www.thestar.com/life/health-wellness/pandemic-still-in-early-stages-who-flu-chief/article_4e7ca065-7fb8-594d-9b7c-f41321291c3e.html

Geneva (AP) – The global swine flu epidemic is still in its early stages, even though reports of over 100,000 infections in England alone last week are plausible, the World Health Organization's flu chief said Friday,

Keiji Fukuda, WHO's Assistant Director-General for Health Security and Environment, told The Associated Press that given the size of the world's population, the new H1N1 virus is likely to spread for some time.

WHO earlier estimated that as many as 2 billion people could become infected over the next two years.

"Even if we have hundreds of thousands of cases or a few millions of cases ... we're relatively early in the pandemic," Fukuda said in an interview at WHO's headquarters in Geneva.

The global health agency stopped asking governments to report new cases last week, saying the effort was too great now that the disease has become so widespread in some countries.

Authorities in Britain say there were over 100,000 infections in England alone last week, while U.S. health officials estimate the United States has passed the 1 million case mark. Those figures dwarf WHO's tally of 130,000 confirmed cases worldwide since the start of the outbreak last spring.

"We know that the total number of laboratory-confirmed cases is really only a subset of the total number of cases," Fukuda said.

Fukuda, the former chief of epidemiology at the U.S. Centers for Disease Control and Prevention, or CDC, also said there must be no doubt over the safety of swine flu vaccines before they are given to the public.

Bernama.com

Vincent Low

Chinese Herbs Prove Effective in the Cure of Influenza A (H1N1)

Bernama, 24 July 2009 (this post has been deleted)
http://www.bernama.com.my/bernama/v5/newsgeneral.php?id=427649

Beijing, July 23 (Bernama) – Chinese herbs have proved effective in the cure of Influenza A(H1N1) in Ditan Hospital, Beijing where 88 out of 117 patients treated for the disease only on the herbs fully recovered and were discharged.

"From our clinical tests and observation, the traditional method of treatment left no after effects and it is safe, more over the recovery period was shorter and the cost relatively lower as compared to Tamiflu treatment," said Wang Yuguang, spokesman of Ditan Hospital at a special briefing for the media at Ditan Hospital Wednesday afternoon.

He said the advantage of using herbs on these patients was that the doctors could prescribe different combination of herbs according to the individual's health condition.

"Treatment cost per patient using Tamiflu is about RMB56 a day whereas using traditional herbs it cost only around RMB12."

Ditan Hospital first started using traditional medicine in combination with Tamiflu on H1N1 patient from May 15 to June 15, and when the method proved effective, started treating many patients solely on Chinese herbs.

"We have even tested using the method on high risk patients since July 1, and the results proved favourable." said Wang.

However, Wang did not reveal the herbs used to cure the patients.

Ditan Hospital is one of the two hospitals specially designated for H1N1 patients in Beijing since the pandemic started from May in China.

Built in 1946, Ditan Hospital is the highest-grade hospital for infectious diseases and comes under the supervision of the Ministry of Health, Beijing Municipal Health Bureau and the Chinese Centre for Disease Control and Prevention.

The hospital had excelled in 2003 and 2004 in the fight against SARS.

Meanwhile, Beijing Traditional Chinese Medicine Hospital has introduced an Influenza A(H1N1) prevention herbal medicine pack.

The Deputy Director of the hospital, Jin Wei, told a press conference earlier that the herbal pack contained seven little packs of four types of herbs in combination, which were said to be effective in the prevention of H1N1. "Just dip a small pack of herbs in a teapot of hot water and drink it like tea, or used it as mouthwash, and it helps to prevent people for being infected," said Jin.

She said the pack could even cure mild cases of H1N1. However if patients do not recover after taking the herbs for seven days, they are advised to go to the hospital for further treatment.

The combination of the herbs is as follows: Lonicera Japonica Thund - 3 grammes, Isatis Indigodica - 3 gms, Mentha Haplocalyx Brip.-3 gms and Glycyrrhiza Glabra - 3 gms. These herbs are available in Chinese herbal medicine shops.

Available at:
https://web.archive.org/web/20211026214752/http://www.uptownacupuncture.net/chinese-herbology/swine-flu-solutions/
https://fiveseasonshealing.com/preventing-and-treating-the-flu-with-herbs/
https://web.archive.org/web/20100303032032/http://www.uptownacupuncture.net/chinese-herbology/swine-flu-solutions/

THE HINDU

Ananth Krishnan

Herbal remedy for A(H1N1) flu in China

The Hindu, 24 July 2009
https://web.archive.org/web/20090727154538/http://www.thehindu.com/2009/07/24/stories/2009072455271300.htm

Beijing: Chinese doctors say they have found a herbal remedy for preventing and treating the A(H1N1) Influenza which is both more cost-effective and better resistant to the virus than the drug Tamiflu.

Hospitals in Beijing have in the last month begun treating A(H1N1)-infected patients with this herbal remedy instead of the World Health Organisation-recommended Tamiflu, which is also being used to treat A(H1N1) in India. Doctors in two Beijing hospitals told The Hindu the results have so far been successful.

At Ditan hospital, where most of Beijing's patients are being treated, doctors have treated 117 out of 297 admitted patients with the herbal remedy, and 88 of them have been cured. The others are undergoing treatment.

There have so far been 1,668 reported cases of A(H1N1) flu in China, though no deaths have been reported. The government's Ministry of Public Health has expressed concern that as the winter flu season approaches, the chances of a serious outbreak are high. With some concern about Tamiflu's decreasing resistance to the virus and fears regarding the drug's side-effects, the government appears to have given full-backing to promoting a herbal treatment.

Meanwhile, two Chinese pharmaceutical companies this week have begun two month-long clinical trials for a vaccine to the infection.

In China, treatment and prevention of infections with herbal remedies as opposed to drugs – the practice is known as Traditional Chinese Medicine (TCM) – is common, and the cost-effectiveness of herbal cures has seen a popular resurgence in TCM in recent years.

TCM, mainly known overseas for its acupuncture therapies, is regarded as mainstream medicine in China, but not in the West.

The government has now sanctioned hospitals to launch TCM-based treatments for A(H1N1) on a large scale, Tu Zhitao, dean of the research and education department at the Beijing Administration of TCM told The Hindu. "We have found that Tamiflu is not sufficient, and it also weakens the body and has adverse affects on body tolerance," said Mr. Tu.

"This treatment is a better alternative, and we have begun to promote this treatment among the public."

Essential difference

Mr. Tu said the essential difference was that while the TCM remedy works to build up the body's resistance in a holistic way, the Tamiflu drug focuses on attacking the infection.

The herbal treatment is a mixture of four locally-used medicinal herbs: Jin yin hua (lonicera japonica), Da qing ye (Isatis indigodica), Bo he (Mentha haplocalyx) and Sheng gan cao (Glycyrrhiza glabra).

Doctors in Beijing first began using the remedy on May 15, treating patients with a combination of the herbal remedy and Tamiflu.

After successful trials, doctors have since June 15 begun prescribing only the herbal treatment. Ninety per cent of all A(H1N1) flu patients in China have been treated with a combination of the two treatments. Wang Yuguang, head of the Centre of Integrated Chinese and Western medicine at Ditan Hospital, said the treatment time for the herbal remedy was comparable with that of Tamiflu treatments. The big difference, he said, was the cost of the two treatments. The TCM remedy only costs between 10 and 13 Yuan (between Rs. 70 and Rs. 91) per day, while Tamiflu costs 56 Yuan (Rs. 392).

Mr. Wang said the herbal treatment was now undergoing clinical trials "to show concrete evidence that the treatment is scientific."

He said the government had invested 10 million Yuan (Rs. 7 crore) in conducting a comparative study of herbal and Tamiflu treatments.

Mao Yue, president of the Ditan Hospital, said there was a "serious possibility" of a large-scale outbreak of the flu in the autumn and winter of this year, and that the government has already begun procuring enough herbs to treat a possible 2 million patients.

REUTERS

Laura MacInnis and Stephanie Nebehay

Swine flu spreads; health officials plan vaccines

Reuters, 25 July 2009, 5:26 AM GMT+8
https://www.reuters.com/article/flu/wrapup-1-swine-flu-spreads-health-officials-plan-vaccines-idUKN2448581020090724/

Geneva, July 24 (Reuters) – Global health officials stepped up efforts to prepare for quick vaccination against the H1N1 pandemic virus, saying on Friday it appeared now to be affecting older age groups spared earlier in the pandemic.

The World Health Organization and the U.S. Centers for Disease Control and Prevention both said they can only estimate how many people have been infected but the swine flu virus was still spreading quickly.

"As the disease expands broadly into communities, the average age of the cases is appearing to increase slightly," the WHO said in a statement.

"This may reflect the situation in many countries where the earliest cases often occurred as school outbreaks but later cases were occurring in the community."

The virus has been notable for affecting older children and young adults, groups normally not hard-hit by influenza.

The CDC said summer camps and military facilities were affected, but both agencies said there was no evidence the virus was mutating into drug-resistant or more virulent forms.

The CDC broadened its recommendations for seasonal flu vaccine – saying all children over the age of 6 months should get one, in part to lower the overall burden of respiratory disease when autumn and winter come. [ID:nN24480490]

WHO said vaccination against H1N1 might start in weeks, even though clinical trials to test the safety, efficacy and needed dosage of H1N1 vaccines have barely started.

"Manufacturers are expected to have vaccines for use around September. A number of companies are working on the pandemic vaccine production and have different timelines," WHO said.

At least 50 governments have placed orders or are currently negotiating with pharmaceutical companies to secure supplies of H1N1 vaccines, which are still being developed. [ID:nN16442908]

WHO is trying to ensure that health workers in poor countries can be vaccinated so hospitals can stay open if the flu becomes more debilitating as it spreads. Sanofi-Aventis and GlaxoSmithKline have promised to donate 150 million doses to this aim to date.

Other leading flu vaccine makers include Novartis, Baxter, AstraZeneca's MedImmune arm and Solvay.

Continued Transmission

"We are continuing to see transmission here in the United States in places like summer camps, some military academies and similar settings where people from different parts of the country come together," the CDC's Dr. Anne Schuchat told reporters in a telephone briefing.

"This is very unusual to have this much transmission of influenza during the (summer) and I think it's a testament to how susceptible people are to this virus."

The pandemic spread globally in less than two months and has infected people in 160 countries.

WHO has said the pandemic is unstoppable but some countries are still trying to limit its spread, in part by detaining travelers. Britain's Foreign Office said at least 160 Britons are being held in quarantine in China, Singapore, India and Egypt [ID:nLO303658].

Schuchat said there is no indication the virus is any worse in one country than another.

"There are differences in reporting. In some places, we're hearing about only the severe cases. In other places, we're hearing about illness that's in the community," she said.

She declined to call the pandemic "mild" and noted that people had died and many others had spent weeks in hospitals, sometimes on ventilators.

She said the CDC was also watching for more cases of seizures. The agency reported on Thursday on four children who suffered seizures from H1N1 infection but recovered.

Schuchat advised against summer camps offering the antiviral drug oseltamivir – Roche AG and Gilead Sciences Inc's Tamiflu – to prevent infection among children.

The drugs should be reserved for people at high risk of complications who have been in close contact with a known case, she said.

Los Angeles Times

By Thomas H. Maugh II

Swine flu could kill hundreds of thousands in U.S. if vaccine fails, CDC says

Los Angeles Times, 25 July 2009, 12 AM PT
https://www.latimes.com/archives/la-xpm-2009-jul-25-sci-swine-flu25-story.html

Hundreds of thousands of Americans could die over the next two years if the vaccine and other control measures for the new H1N1 influenza are not effective, and, at the pandemic's peak, as much as 40% of the workforce could be affected, according to new estimates from the Centers for Disease Control and Prevention.

That is admittedly a worst-case scenario that the federal agency says it doesn't expect to occur.

But the broad range of potential deaths highlights the unpredictability of flu viruses in general and this swine flu virus in particular because it hasn't behaved the way researchers have expected.

The number of potential deaths is much higher than that usually seen in seasonal flu, which kills an estimated 36,000 Americans a year, and is even higher than the nation's most recent pandemic.

A 2003 CDC study of deaths in the preceding decade showed yearly totals ranging from 17,000 to 52,000. The 1957 pandemic of Asian flu killed 70,000.

The vaccine the CDC is counting on is not expected to be available before the end of September, too late to immunize children before the start of school, where the proximity of children is expected to speed up transmission of the virus.

But testing of the vaccine has already begun at some sites, and authorities have no reason to believe it will fail because the technology for flu vaccines has been thoroughly demonstrated.

Rather, the questions have been about how long it will take to produce a new vaccine and how many doses will be available.

So far, the CDC has given no estimate of how many deaths might occur if the vaccine works.

The new estimates, prepared more than a month ago but released only Friday to the Associated Press, are not based on an enhanced lethality of the new H1N1 virus, but rather on the lack of resistance to the virus in the general population and its continuing spread through the summer months, when flu viruses normally are less active.

Twenty states are now reporting widespread or regional flu activity, with the H1N1 virus predominating, according to Dr. Anne Schuchat, director of the CDC's National Center for Immunization and Respiratory Diseases. "That's very unusual at this time of year," she said. "It's a testament to how susceptible people are to the virus."

Cases this summer have been concentrated in camps and military installations where young people are gathered. “This has been a challenging summer for camps, with a lot of outbreaks” and closures, Schuchat said.

There have been many media reports of summer camps urging children to bring the antiviral drug Tamiflu and take it prophylactically, and that has concerned the CDC because such widespread use could lead to increased resistance to the drug, which is the first line of defense in treating infected people.

In cases the agency has investigated, however, it has been unable to confirm such reports.

The agency recommends that the drug be administered only to infected patients and as a preventive measure to high-risk people who are in close contact with flu patients.

To date, only five cases of Tamiflu-resistant viruses have been observed worldwide, and there is no evidence that such viruses have been spread from person to person, she said. But virtually all the strains of seasonal flu that are now circulating are resistant to the drug and the genes for such resistance could be very easily transmitted to the new virus.

According to the most recent figures posted this morning, the U.S. has so far seen 43,771 laboratory-confirmed cases of H1N1, and 302 deaths, “but that is just the tip of the iceberg,” Schuchat said. More than a month ago, the agency estimated that more than 1 million Americans had been infected, but that estimate has not been updated.

Friday morning’s posting of confirmed cases will be the last, she added, because the CDC wants to de-emphasize testing for the virus.

Influenza viruses mutate so freely that it is extremely difficult to make predictions.

Schuchat noted that this spring, 6% to 8% of the population in many U.S. communities were infected by the virus “in a season when transmission conditions weren’t that great.”

With the longer winter season coming, “we think it will reach two to three times that number.” Normally, 10% to 15% of people in a community are infected with seasonal flu.

And with closures due to outbreaks, as well as the need for many healthy adults to stay home and take care of a spouse or child with the flu, as much as 40% of the workforce might be unable to work at the pandemic’s peak, she noted.

Deaths caused by H1N1 flu over the two-year period could range from 90,000 to several hundred thousand, depending on the efficacy of the swine flu vaccine, officials project.

GlobalResearch.ca
Centre for Research on Globalization
Italian español
srpski português
العربية Deutsch

Michel Chossudovsky

Martial Law and the Militarization of Public Health: The Worldwide H1N1 Flu Vaccination Program

Global Research, 26 July 2009
https://web.archive.org/web/20091108225252/http://globalresearch.ca/index.php?context=va&aid=14543

"The flu season is upon us. Which type will we worry about this year, and what kind of shots will we be told to take? Remember the swine flu scare of 1976? That was the year the U.S. government told us all that swine flu could turn out to be a killer that could spread across the nation, and Washington decided that every man, woman and child in the nation should get a shot to prevent a nation-wide outbreak, a pandemic." (Mike Wallace, CBS, 60 Minutes, November 4, 1979)

"The federal officials and industry representatives had assembled to discuss a disturbing new study that raised alarming questions about the safety of a host of common childhood vaccines administered to infants and young children. According to a CDC epidemiologist named Tom Verstraeten, who had analyzed the agency's massive database containing the medical records of 100,000 children, a mercury-based preservative in the vaccines – thimerosa – appeared to be responsible for a dramatic increase in autism and a host of other neurological disorders among children....

"It's hard to calculate the damage to our country – and to the international efforts to eradicate epidemic diseases – if Third World nations come to believe that America's most heralded foreign-aid initiative is poisoning their children. It's not difficult to predict how this scenario will be interpreted by America's enemies abroad." (Robert F. Kennedy Jr., Vaccinations: Deadly Immunity, June 2005)

"Vaccines are supposed to be making us healthier; however, in twenty-five years of nursing I have never seen so many damaged, sick kids. Something very, very wrong is happening to our children" (Patti White, School nurse, statement to the House Government Reform Committee, 1999, quoted in Robert F. Kennedy Jr., Vaccinations: Deadly Immunity, June 2005)

"On the basis of ... expert assessments of the evidence, the scientific criteria for an influenza pandemic have been met. I have therefore decided to raise the level of influenza pandemic alert from Phase 5 to Phase 6. The world is now at the start of the 2009 influenza pandemic. ... Margaret Chan, Director-General, World Health Organization (WHO), Press Briefing 11 June 2009)

"As many as 2 billion people could become infected over the next two years – nearly one-third of the world population." (World Health Organization as reported by the Western media, July 2009)

"Swine flu could strike up to 40 percent of Americans over the next two years and as many as several hundred thousand could die if a vaccine campaign and other measures aren't successful." (Official Statement of the US Administration, Associated Press, 24 July 2009).

"The U.S. expects to have 160 million doses of swine flu vaccine available sometime in October", (Associated Press, 23 July 2009)

"Vaccine makers could produce 4.9 billion pandemic flu shots per year in the best-case scenario", Margaret Chan, Director-General, World Health Organization (WHO), quoted by Reuters, 21 July 2009

Wealthier countries such as the U.S. and Britain will pay just under $10 per dose [*of the H1N1 flu vaccine]. ... Developing countries will pay a lower price."* [circa $400 billion for Big Pharma] (Business Week, July 2009) =>
https://web.archive.org/web/20090725053244/http:/www.businessweek.com/globalbiz/content/jul2009/gb20090722_800367.htm

War without borders, a great depression, a military adventure in the Middle East, a massive concentration of wealth resulting from the restructuring of the global financial system.

...

The 2009 pandemic, which started in Mexico in April, is timely: it coincides with a deepening economic depression. It takes place at a time of military escalation.

The epidemiological data is fabricated, falsified and manipulated. According to the World Health Organization (WHO), an epidemic of worldwide proportions now looms and threatens the livelihood of millions of people.

A "Catastrophic Emergency" is in the making. The WHO and the US Centre for Disease Control (CDC) are authoritative bodies. Why would they lie? The information released by these organizations, although subject to statistical errors, could not, by any stretch of the imagination, be falsified or manipulated.

People believe that the public health crisis at a global level is real and that government health officials are "working for the public good."

Press reports confirm the US government's intent to implement a mass H1N1 vaccination program in Fall-Winter of 2009. A major contract for 160 million doses has been established with Big Pharma, enough to inoculate more than half the US population. Similar plans are ongoing in other Western countries including France, Canada, the UK.

Volunteers are being recruited to test the swine flu vaccine during the month of August, with a view to implementing a nationwide vaccination program in the Fall.

Manipulating The Data

There is ample evidence, documented in numerous reports, that the WHO's level 6 pandemic alert is based on fabricated evidence and a manipulation of the figures on mortality and morbidity resulting from the N1H1 swine flu.

The data initially used to justify the WHO's Worldwide level 5 alert in April 2009 was extremely scanty. The WHO asserted without evidence that a "global outbreak of the disease is imminent". It distorted Mexico's mortality data pertaining to the swine flu pandemic. According to the WHO Director General Dr. Margaret Chan in her official April 29 statement: "So far, 176 people have been killed in Mexico". From what? Where does she get these numbers? 159 died from influenza out of which only seven deaths, corroborated by lab analysis, resulted from the H1N1 swine flu strain, according to the Mexican Ministry of Health.

Similarly in New York city in April, several hundred children were categorized as having the H1N1 influenza, yet in none of these cases, was the diagnosis corroborated on a laboratory test.

"Dr. Frieden said. Health officials reached their preliminary conclusion after conducting viral tests on nose or throat swabs from the eight students, which allowed them to eliminate other strains of flu."

Tests were conducted on school children in Queen's, but the tests were inconclusive: among theses "hundreds of school children", there were no reports of laboratory analysis leading to a positive identification of the influenza virus. In fact the reports are contradictory: according to the reports, the Atlanta based CDCP is the "only lab in the country that can positively confirm the new swine flu strain – which has been identified as H1N1." (Michel Chossudovsky, Political Lies and Media Disinformation regarding the Swine Flu Pandemic, Global Research, May 2009, last quotation is from the New York Times, April 25, 2009)

Influenza is a common disease. Unless there is a thorough lab examination, the identity if the virus cannot be established.

There are numerous cases of seasonal influenza across America, on an annual basis. "According to the Canadian Medical Association Journal, the flu kills up to 2,500 Canadians and about 36,000 Americans annually. Worldwide, the number of deaths attributed to the flu each year is between 250,000 and 500,000" (Thomas Walkom, The Toronto Star, May 1, 2009).

What the CDCP and the WHO are doing is routinely us re-categorizing a large number of cases of common influenza as H1N1 swine flu.

"The increasing number of cases in many countries with sustained community transmission is making it extremely difficult, if not impossible, for countries to try and confirm them through laboratory testing. Moreover, the counting of individual cases is now no longer essential in such countries for monitoring either the level or nature of the risk posed by the pandemic virus or to guide implementation of the most appropriate response measures. (WHO, Briefing note, 2009)

The WHO admits that at a country level laboratory testing is often absent, while emphasising that lab confirmation it is not required for data collection, with a view to ascertaining the spread of the disease:

A strategy that concentrates on the detection, laboratory confirmation and investigation of all cases, including those with mild illness, is extremely resource-intensive. In some countries, this strategy is absorbing most national laboratory and response capacity, leaving little capacity for the monitoring and investigation of severe cases and other exceptional events. ... For all of these reasons, WHO will no longer issue the global tables showing the numbers of confirmed cases for all countries. However, as part of continued efforts to document the global spread of the H1N1 pandemic, regular updates will be provided describing the situation in the newly affected countries. WHO will continue to request that these countries report the first confirmed cases and, as far as feasible, provide weekly aggregated case numbers and descriptive epidemiology of the early cases. (Ibid)

At a June 2009 WHO press conference, the issue of lab testing was raised:
Marion Falco, CNN Atlanta: My question may be a little basic but if you are not, and so forgive me for that, if you are not requiring testing in the countries that already have well established numbers of cases, then how are you distinguishing between seasonal flu and this particular flu. I mean how are you going to separate the numbers?

Dr Fukuda, WHO, Geneva: It is not that we are recommending not doing any testing at all. In fact when the guidance comes out, what it will suggest is what countries are to do is tailor down their testing so that they are not trying to test everybody but certainly keeping up testing of some people for exactly the kinds of reasons that you bring up. When people get sick with an influenza-like illness it will be important for us to know whether is it caused by the pandemic virus or whether is caused by seasonal viruses. What we are indicating is that if you ratchet down the level of testing we will still be able to figure that out and so we do not need to test everybody for that, but we will continue to recommend some level of testing – at a lower level of people who continue to get sick. See Transcript of WHO Virtual Press Conference, Dr Keiji Fukuda, Assistant Director-General for Health Security and Environment, WHO, Geneva, July 2009, emphasis added).

"Figure that out"? What the foregoing statements by the WHO suggest is that:

1) the WHO is not collecting data on the spread of H1N1 based on systematic lab confirmation.

2) the WHO in fact discourages national health officials to conduct detection and laboratory confirmation, while also pressuring the countries' public health authorities to duly deliver to the WHO on a weekly basis the data on H1N1 cases.

3) The WHO in its reporting only refers to "confirmed cases" It does not distinguish between confirmed and non-confirmed case. It would appear that the "non-confirmed" cases are categorized as confirmed cases and the numbers are then used by the WHO to prove that the disease is spreading. (See WHO tables: http://www.who.int/csr/don/2009_07_06/en/index.html)

The swine flu has the same symptoms as seasonal influenza: fever, cough and sore throat. What is happening is that the widespread incidence of the common flu is being used to generate the reports delivered to the WHO pertaining to the H1N1 swine flu. Nonetheless, in the tabulated release of country level data, the WHO uses the term: "number of laboratory-confirmed cases", while also admitting that the cases are, in many cases, not confirmed.

Worldwide Pandemic

The WHO establishes trends on the spread of the disease, essentially using unconfirmed data. Based on these extrapolations, the WHO is now claiming, in the absence of laboratory confirmation, that "as many as 2 billion people could become infected over the next two years – nearly one-third of the world population." In turn, in the US, the Atlanta based Centers for Disease Control (CDC) suggests that "swine flu could strike up to 40 percent of Americans over the next two years and as many as several hundred thousand could die if a vaccine campaign and other measures aren't successful." (AP, July 24, 2009).

How did they come up with these numbers?

The CDC estimate has nothing to do with an assessment of the spread of the H1N1 virus. It is based on a mechanical pro-rata extrapolation of trends underlying the 1957 pandemic, which resulted in 70,000 deaths in the US. The presumption here is that the H1N1 flu has the "same transmission path" as the 1957 epidemic.

Creating a Crisis where there is No Crisis

The underlying political intent is to use the WHO level six pandemic to divert public attention from an impending and far-reaching social crisis, which is largely the consequence of a deep-seated global economic depression.

On the basis of ... expert assessments of the evidence, the scientific criteria for an influenza pandemic have been met. I have therefore decided to raise the level of influenza pandemic alert from Phase 5 to Phase 6. The world is now at the start of the 2009 influenza pandemic. ... Calling a pandemic is also a signal to the international community. This is a time where the world's countries, rich or poor, big or small, must come together in the name of global solidarity to make sure that no countries because of poor resources, no countries' people should be left behind without help. ...The World Health Organization has been in contact with donor communities, development partners, resource poor countries, and also drug companies as well as vaccine companies. Margaret Chan, Director-General, World Health Organization (WHO), Press Briefing, 11 June 2009

WHO Director General Margaret Chan

How best to tame the Nation's citizens, to rein in people's resentment in the face of mounting unemployment?

Create a Worldwide pandemic, instil an atmosphere of anxiety and intimidation, which demobilizes meaningful and organized public action against the programmed enrichment of a social minority. The flu pandemic is used to foreclose organized resistance against the government's economic policies in support of the financial elites. It provides both a pretext and a justification to adopt emergency procedures. Under the existing legislation in the US, Martial Law, implying the suspension of constitutional government, could be invoked in the case of "A Catastrophic Emergency" including a the H1N1 swine flu pandemic.

Martial Law

Legislation inherited from the Clinton administration, not to mention the post 9/11 Patriot Acts I and II, allow the military to intervene in judicial and civilian law enforcement activities. In 1996, legislation was passed which allowed the military to intervene in the case of a national emergency. In 1999, Clinton's Defense Authorization Act (DAA) extended those powers (under the 1996 legislation) by creating an "exception" to the Posse Comitatus Act, which permits the military to be involved in civilian affairs "regardless of whether there is an emergency".

See ACLU at http://www.aclu.org/NationalSecurity/NationalSecurity.cfm?ID=8683&c=24

The issue of a pandemic or public health emergency , however, was not explicitly outlined in the Clinton era legislation.

The Katrina disaster (2005) constitutes a dividing line, a watershed leading de facto to the militarization of emergency relief:

"The disaster that struck New Orleans and the southern Gulf Coast has given rise to the largest military mobilization in modern history on US soil. Nearly 65,000 US military personnel are now deployed in disaster area, transforming the devastated port city into a war zone," (Bill Van Auken, Wsws.org, September 2005).

Hurricanes Katrina (August 2005) and Rita (September 2005) contributed to justifying the role of the Military in natural disasters. They also contributed to shaping the formulation of presidential directives and subsequent legislation. President Bush called for the Military to become the "lead agency" in disaster relief:

".....The other question, of course, I asked, was, is there a circumstance in which the Department of Defense becomes the lead agency. Clearly, in the case of a terrorist attack, that would be the case, but is there a natural disaster which -- of a certain size that would then enable the Defense Department to become the lead agency in coordinating and leading the response effort. That's going to be a very important consideration for Congress to think about. (Press Conference, 25 Sept 2005

http://www.globalresearch.ca/index.php?context=viewArticle&code=BUS20050925&articleId=1004)

Militarization of Public Health: The Avian Flu

The 2005 bird flu crisis followed barely a month after Hurricane Rita. It was presented to the US public as an issue of National Security. Following the 2005 outbreak of avian flu, president Bush confirmed that the military would be actively involved in the case of a pandemic, with the authority to detain large numbers of people: "I am concerned about avian flu. I'm concerned about what an avian flu outbreak could mean for the United States and the world. ... I have thought through the scenarios of what an avian flu outbreak could mean....

The policy decisions for a president in dealing with an avian flu outbreak are difficult. ...

If we had an outbreak somewhere in the United States, do we not then quarantine that part of the country? And how do you, then, enforce a quarantine? ...

One option is the use of a military that's able to plan and move. So that's why I put it on the table. I think it's an important debate for Congress to have. ...

But Congress needs to take a look at circumstances that may need to vest the capacity of the president to move beyond that debate. And one such catastrophe or one such challenge could be an avian flu outbreak. (White House Press Conference, 4 October, 2005, emphasis added)

On the day following Bush`s October 4, 2005 Press Conference, a major piece of legislation was introduced in the US Senate. The Pandemic Preparedness and Response Act.

While the proposed legislation was never adopted, it nonetheless contributed to building a consensus among key members of the US Senate. The militarization of public health was subsequently embodied in the John Warner Defense Authorization Act of 2007.

"Public Health Emergency" and Martial Law: The John Warner Defense Authorization Act of 2007. H.R. 5122

New legislation is devised. The terms "epidemic", and "public health emergency" are explicitly included in a key piece of legislation, signed into law by President Bush in October 2006.

Lost in the midst of hundreds of pages, Public Law 109-364, better known as the "John Warner Defense Authorization Act of 2007" (H.R.5122) includes a specific section on the role of the Military in national emergencies.

Section 1076 of this legislation entitled "Use of the Armed Forces in Major Public Emergencies" allows the President of the United States the deploy the armed forces and the National Guard across the US, to "restore public order and enforce the laws of the United States" in the case of "a natural disaster, epidemic, or other serious public health emergency":

... => See the Law

Vaccination: From H5N1 to H1N1

A nationwide flu vaccination program has been in the pipeline in the US since 2005.

According to the Wall Street Journal (Oct 1, 2005), the Bush administration had asked Congress for an estimated $6-10 billion "to stockpile vaccines and antiviral medications as part of its plans to prepare the U.S. for a possible flu pandemic." A large part of this budget, namely 3.1 billion was used under the Bush administration to stockpile the antiviral drug oseltamivir (Tamiflu), of which the intellectual property rights belong to Gilead Science Inc, a company headed by Don Rumsfeld prior to becoming Secretary of Defense under the Bush administration.

Consistent with its role as "lead agency", more than half of the money earmarked by the Bush administration for the program was handed over to the Pentagon. In other words, what we are dealing with is a process of militarization of the civilian public health budget. . Part of the money for a public health is controlled by the Department of Defense, under the rules of DoD procurement.

"The US Senate voted [September 3, 2005] yesterday to provide $4 billion for antiviral drugs and other measures to prepare for a feared influenza pandemic, but whether the measure would clear Congress was uncertain.

The Senate attached the measure to a $440 billion defense-spending bill for 2006, according to the Associated Press (AP). But the House included no flu money in its version of the defense bill, and a key senator said he would try to keep the funds out of the House-Senate compromise version. The Senate is expected to vote on the overall bill next week.

Almost $3.1 billion of the money would be used to stockpile the antiviral drug oseltamivir (Tamiflu), and the rest would go for global flu surveillance, development of vaccines, and state and local preparedness,

according to a Reuters report. The government currently has enough oseltamivir to treat a few million people, with a goal of acquiring enough to treat 20 million"

(CIDRAP, http://www.cidrap.umn.edu/cidrap/content/influenza/panflu/news/sep3005avian.html)

...

The WHO is planning for the production of 4.9 billion dose, enough to inoculate a large share of the World's population. Big Pharma including Baxter, GlaxoSmithKline, Novartis, Sanofi-Aventis and AstraZeneca have signed procurement contracts with some 50 governments. (Reuters, July 16, 2009). For these companies, compulsory vaccination is a highly lucrative undertaking:

"The WHO has refused to release the Minutes of a key meeting of an advisory vaccine group "packed with executives from Baxter, Novartis and Sanofi" that recommended compulsory vaccinations in the USA, Europe and other countries against the artificial H1N1 "swine flu" virus this autumn.

In an email this morning, a WHO spokesperson claimed there are no Minutes of the meeting that took place on July 7th in which guidelines on the need for worldwide vaccinations that WH0 adopted this Monday were formulated and in which Baxter and other Pharma executives participated.

Under the International Health Regulations, WHO guidelines have a binding character on all of WHO's 194 signatory countries in the event of a pandemic emergency of the kind anticipated this autumn when the second more lethal wave of the H1N1 virus "which is bioengineered to resemble the Spanish flu virus" emerges.

In short: WHO has the authority to force everyone in those 194 countries to take a vaccine this fall at gunpoint, impose quarantines and restrict travel." (Jane Burgermeister, WHO moves forward in secrecy to accomplish forced vaccination and population agenda, Global Research, July 2009).

On May 19th, the WHO Director General and senior officials met behind closed doors with the representatives of some 30 pharmaceutical companies.

"In a perfect world the planet's leading pharmaceutical companies could produce 4.9 billion H1N1 swine flu vaccinations over the course of the next year. This is the World Health Organization's latest assessment. WHO Director-General Dr. Margaret Chan met with 30 pharmaceutical companies on Tuesday and briefed reporters on a WHO plan to secure vaccinations for poor countries who lack sufficient infrastructure to fight a possible pandemic. (Digital Journal, 19 May 2009)

According to recent report in Business Week, "Wealthier countries such as the U.S. and Britain will pay just under $10 per dose, the same price for the seasonal flu vaccine. Developing countries will pay a lower price, (Business Week, July 2009). The WHO suggests that the 4.9 billion doses will not suffice and that a second inoculation will be required.

4,9 billion doses at about ten dollars ($10.00) a shot and somewhat less in the developing countries, represents a windfall profit bonanza for Big Pharma of more than 40 billion dollars in a single year. And the WHO claims that one dose per person may not suffice...

Dangerous Life Threatening Vaccine: Who owns the Patent?

While the production has been entrusted to a select number of companies, it would appear that the intellectual property rights belong to Illinois based pharmaceutical giant Baxter. Baxter is central in the negotiations between the US Administration and the World Health Organization (WHO). Moreover, "a full year before any reported case of the current alleged H1N1" Baxter had filed for a patent for the H1N1 vaccine:

Baxter Vaccine Patent Application US 2009/0060950 A1. (See William Engdahl, Now legal immunity for swine flu vaccine makers, Global Research, July 2009). Their application: states:

"the composition or vaccine comprises more than one antigen... such as influenza A and influenza B in particular selected from of one or more of the human H1N1, H2N2, H3N2, H5N1, H7N7, H1N2, H9N2, H7N2, H7N3, H10N7 subtypes, of the pig flu H1N1, H1N2, H3N1 and H3N2 subtypes, of the dog or horse flu H7N7, H3N8 subtypes or of the avian H5N1, H7N2, H1N7, H7N3, H13N6, H5N9, H11N6, H3N8, H9N2, H5N2, H4N8, H10N7, H2N2, H8N4, H14N5, H6N5, H12N5 subtypes."

The application further states, "Suitable adjuvants can be selected from mineral gels, aluminium hydroxide, surface active substances, lysolecithin, pluronic polyols, polyanions or oil emulsions such as water in oil or oil in water, or a combination thereof. Of course the selection of the adjuvant depends on the intended use. E.g. toxicity may depend on the destined subject organism and can vary from no toxicity to high toxicity."

With no legal liability, could it be that Baxter is preparing to sell hundreds of millions of doses containing highly toxic aluminium hydroxide as adjuvant? (Ibid)

The Los Angeles Times has reassured the US public with an article entitled: What are the odds that H1N1 will kill you? One might also ask, what are the odds that the H1N1 vaccine will kill you?

National Emergency Centers Establishment Act: H.R. 645

There are no indications that the Obama Adminstration is planning in the forseeable future a Public Health Emergency which would require the imposition of martial law. What we have emphasised in this article is the existence of various provisions (legislation and presidential directives) which would allow the President of the United States to instigate Martial Law in the case of a Public Health Emergency. If Martial Law were to be adopted in the context of a Public Health Emergency, what we would be dealing with is the "forced vaccination" of targeted population groups as well as the possible establishment of facilities for the internment of people who have been quarantined.

In this regard, it is worth noting that in January 2009, a piece of legislation entitled the **National Emergency Centers Establishment** Act (HR 645) was introduced in the US Congress.The bill calls for the establishment of six national emergency centers in major regions in the US to be located on existing military installations, which could be used to quarantine people in the case of a public health emergency or forced vaccination program.

The bill goes far beyond previous legislation (including H.R 5122). The stated purpose of the "national emergency centers" is to provide "temporary housing, medical, and humanitarian assistance to individuals and families dislocated due to an emergency or major disaster." In actuality, what we are dealing with are FEMA internment camps. HR 645 states that the camps can be used to "meet other appropriate needs, as determined by the Secretary of Homeland Security." (Michel Chossudovsky, Preparing for Civil Unrest in America Legislation to Establish Internment Camps on US Military Bases, Global Research, March 2009)

There has been virtually no press coverage of HR 645, which is currently being discussed by several congressional committees. There are no indications that the bill is on its way to being adopted.

These "civilian facilities" on US military bases are to be established in cooperation with the US Military. Once a person is arrested and interned in a FEMA camp located on a military base, that person would in all likelihood, under a public health emergency, fall under the de facto jurisdiction of the Military: civilian justice and law enforcement including habeas corpus would no longer apply.

HR 645 could be used, were it to be adopted, in the case of public health emergency. It obviously bears a direct relationship to the economic crisis and the likelihood of mass protests across America. It constitutes a further move to militarize civilian law enforcement, repealing the Posse Comitatus Act.

In the words of Rep. Ron Paul:

"...the fusion centers, militarized police, surveillance cameras and a domestic military command is not enough... Even though we know that detention facilities are already in place, they now want to legalize the construction of FEMA camps on military installations using the ever popular excuse that the facilities are for the purposes of a national emergency. With the phony debt-based economy getting worse and worse by the day, the possibility of civil unrest is becoming a greater threat to the establishment. One need only look at Iceland, Greece and other nations for what might happen in the United States next." (Daily Paul, September 2008, emphasis added)

The proposed internment camps should be seen in relation to the broader process of militarization of civilian institutions. The construction of internment camps predates the introduction of HR 645 (Establishment of Emergency Centers) in January 2009.

"Military Civil Support": The Role of US Northern Command in the Case of a Flu Pandemic

US Northern Command has a mandate to support and oversee civilian institutions in the case of a National Emergency.

"In addition to defending the nation, U.S. Northern Command provides defense support of civil authorities in accordance with U.S. laws and as directed by the President or Secretary of Defense. Military assistance is always in support of a lead federal agency, such as the Federal Emergency Management Agency (FEMA).

Military civil support includes domestic disaster relief operations that occur during fires, hurricanes, floods, and earthquakes. Support also includes counter-drug operations and consequence management assistance, such as would occur after a terrorist event employing a weapon of mass destruction.

Generally, an emergency must exceed the management capabilities of local, state and federal agencies before U.S. Northern Command becomes involved. In providing civil support, the command operates through subordinate Joint Task Forces.

(See US Northcom website at http://www.northcom.mil/index.cfm?fuseaction=s.who_civil).

The Katrina and Rita hurricane disasters played a key role in shaping the role of US Northern Command in "military civil support" activities. The emergency procedures were closely coordinated by US Northern Command out of the Peterson Air Force Base, together with Homeland Security, which oversees FEMA.

During Hurricane Rita (September 2005), US Northern Command Headquarters was directly in control of the movement of military personnel and hardware in the Gulf of Mexico, in some cases overriding, as in the case of Katrina, the actions of civilian bodies. The entire operation was under the jurisdiction of the military rather than FEMA. (Michel Chossudovsky, US Northern Command and Hurricane Rita, Global Research, September 24, 2005)

Northern Command would, as part of its mandate in the case of a national emergency, oversee a number of civilian functions. In the words of Preident Bush at the height of the Rita hurricane, "the Government and the US military needed broader authority to help handle major domestic crises such as hurricanes." Homeland Security Secretary Michael Chertoff subsequently classified Hurricane Rita as an "incident of national significance," which justified the activation of a so-called "National Response Plan"(NRP). (For further details, consult the complete document at http://www.dhs.gov/interweb/assetlibrary/NRPbaseplan.pdf

Within the broader framework of "Disaster Relief", Northern Command has, in the course of the last two years, defined a mandate in the eventuality of a public health emergency or a flu pandemic. The emphasis is on the militarization of public health whereby NORTHCOM would oversee the activities of civilian institutions involved in health related services.

According Brig. Gen. Robert Felderman, deputy director of USNORTHCOM's Plans, Policy and Strategy Directorate: "USNORTHCOM is the global synchronizer – the global coordinator – for pandemic influenza across the combatant commands"(emphasis added) (See Gail Braymen, USNORTHCOM contributes pandemic flu contingency planning expertise to trilateral workshop, USNORTHCOM, April 14, 2008, See also USNORTHCOM. Pandemic Influenza Chain Training (U) pdf)

"Also, the United States in 1918 had the Spanish influenza. We were the ones who had the largest response to [a pandemic] in more recent history. So I discussed what we did then, what we expect to have happen now and the numbers that we would expect in a pandemic influenza."

The potential number of fatalities in the United States in a modern pandemic influenza could reach nearly two million, according to Felderman. Not only would the nation's economy suffer, but the Department of Defense would still have to be ready and able to protect and defend the country and provide support of civil authorities in disaster situations. While virtually every aspect of society would be affected, "the implications for Northern Command will be very significant."

"[A pandemic would have] a huge economic impact, in addition to the defense-of-our-nation impact," Felderman said. The United States isn't alone in preparing for such a potential catastrophe. (Gail Braymen, op cit)

Also of relevance, was the repatriation of combat units from the war theater to assist US Northern Command in the case of a national emergency including a flu pandemic. In the last months of the Bush administration, the Department of Defense ordered the recall of the 3rd Infantry's 1st Brigade Combat Team from Iraq.

The BCT combat unit was attached to US Army North, the Army's component of US Northern Command (USNORTHCOM). The 1st BCT and other combat units would be called upon to perform specific military functions in the case of a national emergency or natural disaster including a public health emergency:

"The Army Times reports that the 3rd Infantry's 1st Brigade Combat Team is returning from Iraq to defend the Homeland, as "an on-call federal response force for natural or manmade emergencies and disasters, including terrorist attacks." The BCT unit has been attached to US Army North, the Army's component of US Northern Command (USNORTHCOM). (See Gina Cavallaro, Brigade homeland tours start Oct. 1, Army Times, September 8, 2008, emphasis added).

Mail Online

David Derbyshire

Government virus expert paid £116k by swine flu vaccine manufacturers

Daily Mail, 27 July 2009, 18:37 BST
https://www.dailymail.co.uk/news/article-1202389/Government-virus-expert-paid-116k-swine-flu-vaccine-manufacturers.html

A scientist who advises the Government on swine flu is a paid director of a drugs firm making hundreds of millions of pounds from the pandemic.

Professor Sir Roy Anderson sits on the Scientific Advisory Group for Emergencies (Sage), a 20-strong task force drawing up the action plan for the virus.

Yet he also holds a £116,000-a-year post on the board of GlaxoSmithKline, the company selling swine flu vaccines and anti-virals to the NHS.

Sir Roy faced demands to step down yesterday amid claims that the jobs were incompatible. 'This is a clear conflict of interest and should be of great concern to taxpayers and government officials alike,' said Matthew Elliott of the TaxPayers' Alliance.

'You cannot have the man in charge of medical emergencies having any financial interest in the management of those emergencies. We need someone totally unbiased to tackle this crisis.'

The Department of Health and GSK denied there was a conflict and said Sir Roy did not attend Sage meetings where vaccines and drugs were discussed.

Sir Roy was appointed to Sage to 'provide cross-government scientific advice regarding the outbreak of swine flu'. He was one of the first UK experts to call the outbreak a pandemic.

During an interview for Radio Four's Today programme on May 1, he praised the anti-flu drugs and called for their distribution. Listeners were not told he was paid by GSK.

The West London-based drugs giant has had to defend itself from allegations of profiteering from swine flu after posting profits of £2.1billion in the last three months.

Sales of the company's Relenza inhaler, an alternative to Tamiflu used by pregnant women among others, are expected to top £600million. This figure could be boosted by up to £2billion once deliveries of the firm's swine-flu vaccine begin in September.

Sir Roy, 61, who was unavailable for comment yesterday, earned £116,000 at GSK last year, at least a quarter of which he received in shares.

GSK's share price has risen 10 per cent since May from about 1,060p to more than 1,160p.

A spokesman for GSK insisted there was no conflict of interest. 'Professor Anderson stepped down from the government's flu advisory group on appointment to GSK.

'In May, he was asked to rejoin as a temporary member as the scale of the influenza pandemic became evident.

He is a world authority on the epidemiology of infectious diseases and his positions as an adviser to the government and as a member of GSK's board are entirely appropriate.

'These interests have been declared at all times and he has not attended any meetings related to purchase of drugs or vaccine for either the government or GSK.'

A spokesman for Imperial College said Sir Roy's temporarily appointment to Sage was made 'with the full knowledge of the government departments involved in handling the pandemic'.

He added: 'He is not a member of the drug or vaccine sub committees of the flu advisory group.'

During the 2001 foot and mouth outbreak, Sir Roy's advice to Tony Blair led to the culling of more than 6million animals.

The previous year at Oxford University, Sir Roy was at the centre of controversy after claiming a female colleague had slept with her boss before getting a job. He was forced to apologise and pay compensation.

A university inquiry in the wake of the scandal found that he was in breach of rules by failing to disclose his business interests as director and shareholder of International Biomedical and Health Sciences Consortium - an Oxford-based biomedical consultancy, which had awarded grants to his research centre.

Sir Roy was forced to resign, although his career soon recovered. He moved to Imperial College within months, was made the Ministry of Defence's chief scientist and, last year, took over as Rector of Imperial College, London where he earns up to £400,000 a year.

The New York Times

Sheryl Gay Stolberg, Olivia Robinson

Swine Flu Diary: Caught in a Beijing Dragne

The New York Times, 27 July 2009
https://www.nytimes.com/2009/07/28/health/28flu.html

Washington – The phone rang at 5:30 a.m. on Saturday, July 18, jarring me out of an uneasy sleep. My husband and I had been dreading this call. It was our 14-year-old daughter, Olivia, on a language study trip in Beijing. She is usually calm and upbeat. Now she was frantic and crying:

"Mommy, I have a temperature and I'm coughing, and they're taking me to the hospital. I want to come home."

I told her to take a deep breath, even as I was shaking. We had feared Olivia could get caught in China's swine flu dragnet; now those fears had come to pass in what would become a nightmare of bureaucracy and language barriers, against the sleep-depriving backdrop of a 12-hour time difference.

As a White House correspondent and former science writer for The New York Times, I have a professional understanding of international relations and how epidemics spread. My daughter and I are getting a deeply personal lesson in both. Here – as a mother-daughter journal, with Olivia's dictations from a phone in the hospital – is our story.

SHERYL Washington, Monday, July 13. Her bags are packed, she's ready to go. Olivia and 20 other teenagers are on this trip, run by the University of Maryland's Confucius Institute and Hanban, an arm of the Chinese Education Ministry. She has clothes, camera, snacks, a deck of cards, Tylenol, an antibiotic for a nagging sinus infection, and a doctor's note declaring her "not infectious and safe to travel."

The swine flu virus, H1N1, has been racing through our schools and summer camps. The Chinese, still bruised by the SARS epidemic, are trying to contain it – an effort that American public health officials view as absurd, because the flu is mild and because stopping its spread is like trying to stop the common cold. Hundreds of Americans suspected of carrying H1N1 have been quarantined in China this summer. We are determined: this is not going to happen to us.

OLIVIA Beijing, Tuesday, July 14. Before we got off the plane, we saw people in white suits with things that looked like radar guns. They pointed a light at our foreheads, moving quickly. Luckily, no one had a temperature, so we were free to go. We walked through a hallway and saw a tan machine and ladies in masks sitting at a computer screen. They had our heat signatures. Our bodies lighted up. Everyone looked red.

I saw one of our teachers, Ms. Song, and Nolan off to the side. At first I just thought Nolan's temperature was high because he was excited to come to China, but he ended up going to the hospital. The rest of us went to the Beijing Foreign Language School.

SHERYL Wednesday, July 15. Olivia called! She had been e-mailing with observations of China ("They have toilets that are just holes"). The call brought unsettling news: a "one-day quarantine." The trip to the Forbidden City was off. They were to remain on campus, with three daily temperature checks.

My heart sank. This did not bode well. And it didn't make sense. If Nolan had swine flu, the kids might be better off separated. It was midnight, noon in Beijing. I called the American Embassy.

OLIVIA Thursday, July 16. I slept a lot today. Two naps. My friend Norine and I made a video documentary. We were making jokes: It's like a horror movie! They're picking us off one by one!

SHERYL Olivia sounded chipper ("This will make a great story," she assured me, ever the reporter's daughter), but I was a wreck. Her roommate, Rachel, had sat next to Nolan on the plane. It didn't take an epidemiologist to figure out how this movie would end.

I took the train to New York to cover President Obama's speech to the N.A.A.C.P. I ran into April Ryan, a radio reporter, and promptly burst into tears. She ushered me into the ladies' room.

"Do you pray?" she asked. I am Jewish. We joined hands, bowed heads, and April let it rip: "Lord, put your arms around this child! Put your arms around Sheryl! Put your arms around all the children and parents!" She went on and on, ending with a rousing "Thank you, Jesus! Amen!"

"April," I said, "I've never prayed to Jesus before and probably never will again, but if it works, I'm all for it."

OLIVIA Friday, July 17. They took Yago and Rachel away. Nolan's test came back positive. Everybody got masks. I knew this meant we weren't going to see the Great Wall today.

SHERYL Just as in Olivia's horror movie joke, the kids were dropping one by one. Parents' e-mail messages were flying. I suggested the kids be given Tamiflu, the antiviral drug. Doctors here use it to treat H1N1 (it shortens the duration of symptoms) and as a prophylactic. Nancy Chen, my contact at the embassy, said the Chinese refused.

OLIVIA Saturday, July 18. One of my friends came into the computer lab. "They're testing our blood and sending us somewhere else," she said.

Everyone was buzzing. A lot of people were scared of needles, especially in a foreign country. We packed our bags and piled into a bus to go to a quarantine hotel. A kid dropped his thermometer on the stone floor. It broke, spilling beads of mercury. Guys in moon suits hurried to scrape it up. They didn't take blood, just swabbed our throats.

SHERYL Saturday morning. The fateful call. I couldn't breathe. My mind was spinning. What if her sinus infection caused complications? What if she developed a mutant strain? What if? What if? We had no way to reach her, didn't know where she was going.

I called my colleague Sharon LaFraniere in The Times's Beijing bureau. I could hear her kids playing outside and was insanely jealous.

OLIVIA Monday, July 20. The embassy called and they let me out of the room to answer. Schuyler is in the room next to me and I got a peek; I flipped out a little because he had an IV. The embassy lady was really nice. She said: "How are they treating you? How is the food?" I tried to be optimistic. I didn't want to be a complainer.

My test for H1N1 came back positive. They put me in an ambulance and drove me to a new hospital, 10 minutes away. They took me to a shiny glass building, up a nice modern elevator eight floors. Everything was white and clean. There was a phone in my room and they said I could have pizza for lunch.

SHERYL Friday, July 24. It has been nearly a week now, and Olivia is still trapped in her hospital room. Food is passed to her through a double set of windows, like prison. On the bright side, she has a British roommate, Jessica, also 14; they have declared themselves "friends for life." My Beijing colleagues delivered a laptop and some movies.

She hasn't had fever for four days, but she won't be released until she tests negative for H1N1. We have had an endless e-mail stream of conflicting test results. The kids who were quarantined in the hotel were released today; they went out touring.

Our emotions, hers and mine, run up and down. Hanban says it will extend her trip at no cost to us, but she's not sure she wants to stay, and the flights are all booked. At the embassy, Nancy Chen says that without the negative tests, there is little the American government can do. Four of the nine kids, including Schuyler, are still in the hospital.

Every day, the nurses take another throat swab. Every day, we wait.

OLIVIA Monday, July 27. The doctors are mad. They know we're not sick and they want us out of here. Once I realized they didn't care, I went out in the hallway and ran around. I'm worried I'll get out of shape, with field hockey tryouts coming up.

SHERYL Monday. Schuyler is out. So is Jess, the British roommate. Hanban has rescheduled Olivia's flight home. I spent the weekend e-mailing my congressman and every State Department official I know. Ten days in; her H1N1 remains positive. In the United States, federal authorities say children with swine flu are unlikely to make others sick after seven days.

I am furious. Olivia is calm. "Mom," she said, "I really don't think you can e-mail me out of here."

UPDATE: She's out!

SHERYL Tuesday, July 28. My cellphone buzzed with the sound of a text message: "mom i'm leaving the hospital!!!. call me if you can!"

It was 3:30 a.m. in Washington, 3:30 p.m. Tuesday in Beijing. A nurse delivered her release papers; a Hanban official escorted her to the hotel where the rest of her group is staying.

"I feel great," she said after dinner in the hotel restaurant. "It's great to see everyone again."

Some of the students will come home July 30, as originally scheduled. Others, including Olivia, plan to stay until Aug. 8. And one girl from her group, Liana, remains in the hospital.

GlobalResearch.ca
Centre for Research on Globalization
Italian español
srpski português
العربية Deutsch

Paul Joseph Watson

Government Swine Flu Advisor on Vaccine Maker Payroll

Global Research, July 27, 2009
https://www.globalresearch.ca/government-swine-flu-advisor-on-vaccine-maker-payroll/14550

Many people seem genuinely baffled that western governments are hyping the arrival of a swine flu pandemic as if it's the greatest threat to humanity since the bubonic plague, despite the relatively low number of deaths from the virus, unaware that the pharmaceutical industry has been intimately joined at the hip with the state for decades.

Another illustration of that fact is the revelation that one of the UK government's top advisors on swine flu also happens to be a sitting board member of GlaxoSmithKline, the company selling dangerous and untested swine flu vaccines, as well as anti-viral drugs Tamiflu and Relenza, to the NHS.

"Professor Sir Roy Anderson sits on the Scientific Advisory Group for Emergencies (Sage), a 20-strong task force drawing up the action plan for the virus. Yet he also holds a £116,000-a-year post on the board of GlaxoSmithKline," reports the Daily Mail.

We also learn that Anderson was "one of the first UK experts to call the outbreak a pandemic," and has been busy on radio and TV pushing the effectiveness of anti-virals to fight swine flu, without telling listeners that he was on the GSK payroll.

Anderson was also a key government advisor during the 2001 foot and mouth outbreak in Britain which led to the slaughter of over 6 million animals and the complete decimation of the farming industry.

Batches of swine flu vaccine destined for Europe are being fast-tracked through safety procedures and there will be no testing on humans whatsoever before millions of people, starting with children and pregnant women, are inoculated as part of mass vaccination programs.

Despite warnings from World Health Organization flu chief Dr Keiji Fukuda about the dangers of untested vaccines, GlaxoSmithKline and other pharmaceutical companies like Baxter, will begin shipping the vaccine to governments in Europe within two months.

Officials claim that the swine flu vaccine has similar ingredients to the avian flu vaccine and is therefore safe. In that case, we better hope that the vaccine does not have the same ingredients as batches of Baxter's bird flu vaccine, which were actually contaminated with the live avian flu virus and shipped out to numerous European countries.

In addition, the swine flu vaccine will contain an ingredient known to cause debilitating diseases.

As we reported last week, the shots will include the ingredient squalene, which has been directly linked with cases of Gulf War Syndrome.

According to award-winning investigative journalist Gary Matsumoto, there's a "close match between the squalene-induced diseases in animals and those observed in humans injected with this oil: rheumatoid arthritis, multiple sclerosis and systemic lupus erythematosus."

"There are now data in more than two dozen peer-reviewed scientific papers, from ten different laboratories in the US, Europe, Asia and Australia, documenting that squalene-based adjuvants can induce autoimmune diseases in animals…observed in mice, rats, guinea pigs and rabbits. Sweden's Karolinska Institute has demonstrated that squalene alone can induce the animal version of rheumatoid arthritis. The Polish Academy of Sciences has shown that in animals, squalene alone can produce catastrophic injury to the nervous system and the brain. The University of Florida Medical School has shown that in animals, squalene alone can induce production of antibodies specifically associated with systemic lupus erythematosus," writes Matsumoto.

Micropaleontologist Dr. Viera Scheibner, who conducted research into the adverse effects of adjuvants in vaccines, wrote the following about squalene.

Squalene "contributed to the cascade of reactions called "Gulf War syndrome. (GIs developed) arthritis, fibromyalgia, lymphadenopathy, rashes, photosensitive rashes, malar rashes, chronic fatigue, chronic headaches, abnormal body hair loss, non-healing skin lesions, aphthous ulcers, dizziness, weakness, memory loss, seizures, mood changes, neuropsychiatric problems, anti-thyroid effects, anaemia, elevated ESR (erythrocyte sedimentation rate), systemic lupus erythematosus, multiple sclerosis, ALS, Raynaud's phenomenon, Sjorgren's syndrome, chronic diarrhea, night sweats and low-grade fever."

СОВЕТ ФЕДЕРАЦИИ
ФЕДЕРАЛЬНОГО СОБРАНИЯ РОССИЙСКОЙ ФЕДЕРАЦИИ

Мнения и комментарии членов Совета Федерации

Совет Федерации, 28 июля 2009
http://council.gov.ru/events/news/20495/

Главный санитарный врач страны заботится о здоровье нации и никакого политического подтекста в его заявлениях нет, считают российские сенаторы.

Главный санитарный врач РФ Геннадий Онищенко запретил выезд в августе детских групп из России в Великобританию в связи с новым гриппом. О своем решении он сообщил 27 июля 2009 года в прямом эфире информационного канала «Вести».

По ситуации с гриппом A /H1N1/ «Англия сегодня самая неблагополучная страна в Европе», – подчеркнул Онищенко. «Сегодня я подписал указание регионам, чтобы ни одна группа детей в августе не выехала в Великобританию», – сообщил он.

Всего, по словам Онищенко, в России подтверждено 28 случаев заболевания новым гриппом.

Главный санитарный врач привел пример Екатеринбурга, в который из Великобритании вернулась группа изучения английского языка из екатеринбургских школ. «Дети жили в Оксфорде в студенческом общежитии, питались в общей столовой, ездили по стране, общались, посещали людные места», – рассказал он. В итоге, «из 24 детей – 14 лежат в больнице».

Онищенко напомнил, что случаи заболевания были зарегистрированы за последнюю неделю в Томске, Челябинске, Перми, Екатеринбурге.

Председатель Комитета Совета федерации по международным делам, представитель в Совете Федерации от исполнительного органа государственной власти Псковской области Михаил Маргелов:

«*Большинство людей оставит без внимания пожелания главного санитарного врача*»
Забота главного санитарного врача о населении страны – это нормально. В данный момент я нахожусь в Нью-Йорке, а, как известно, на территории США свирепствует свиной грипп. Если главному санитарному врачу поступает информация, что какие-то страны становятся странами повышенной опасности, то он делает выводы, и в подобном заявлении Онищенко я не вижу ничего странного. Другое дело, что поток едущих в Великобританию, Испанию, в другие страны Евросоюза и в США настолько велик, что большинство людей оставит без внимания предостережения главного санитарного врача.

Заместитель Председателя Комитета Совета Федерации по аграрно-продовольственной политике и рыбохозяйственному комплексу, представитель в Совете Федерации от Курганской областной Думы Сергей Лисовский:

«*К осени эпидемия может охватить всю англию, и там может случиться коллапс*».
За словами Онищенко стоит забота о здоровье нации. Тем, что в Англии сейчас свирепствует эпидемия свиного гриппа, Англия расплачивается за подобострастное отношение к Америке. Как только США объявили об эпидемии свиного гриппа, надо было и закрыть их полностью

на карантин, то есть перекрыть все рейсы в Европу. Но этого не сделали потому, что Америка слишком давила на всех, а особенно на Англию. Пусть теперь Англия и расхлебывает, что в ущерб здоровью своей нации так и не решилась ввести карантин в отношении США. У них теперь это реальная и большая проблема. А к осени эпидемия может охватить всю Англию, и там может случиться коллапс.

Ведь коровье бешенство убило там крупный рогатый скот (в свое время Англия была крупнейшим поставщиком говядины), а теперь грипп может убить и свиней.

И непонятно, чем будет жить Англия… Видимо, подачками Америки.

Заместитель председателя Комитета Совета Федерации по социальной политике и здравоохранению, представитель в Совете Федерации от исполнительного органа государственной власти Самарской области Константин Титов:

«*Никакого политического подтекста в заявлениях Онищенко я не вижу*»

Главный санитарный врач России, как ему и положено, заботится о здоровье граждан своей страны. Никакого политического подтекста в его заявлениях я не вижу. Как пел Высоцкий: «Ширится, растет заболевание…», и это очевидный факт. Слова Онищенко свидетельствуют лишь о том, что он отслеживает ту опасную ситуацию, когда по миру все больше и больше распространяется инфекция. Просто всем нам теперь надо сначала подумать, а потом куда-то ехать. Если подобные заявления делает глава федерального агентства, значит, ситуация серьезная. И дай-то бог здоровья господину Онищенко за то, что он забоится о нашей с вами безопасности!

CNN.com /US

Barbara Starr

Military planning for possible H1N1 outbreak

CNN, 28 July 2009, 10:20 p.m. EDT
https://web.archive.org/web/20091201173526/http://www.cnn.com/2009/US/07/28/military.swine.flu/

Washington (CNN) - The U.S. military wants to establish regional teams of military personnel to assist civilian authorities in the event of a significant outbreak of the H1N1 virus this fall, according to Defense Department officials.

The proposal is awaiting final approval from Defense Secretary Robert Gates.

The officials would not be identified because the proposal from U.S. Northern Command's Gen. Victor Renuart has not been approved by the secretary.

The plan calls for military task forces to work in conjunction with the Federal Emergency Management Agency. There is no final decision on how the military effort would be manned, but one source said it would likely include personnel from all branches of the military.

It has yet to be determined how many troops would be needed and whether they would come from the active duty or the National Guard and Reserve forces.

Civilian authorities would lead any relief efforts in the event of a major outbreak, the official said. The military, as they would for a natural disaster or other significant emergency situation, could provide support and fulfill any tasks that civilian authorities could not, such as air transport or testing of large numbers of viral samples from infected patients.

As a first step, Gates is being asked to sign a so-called "execution order" that would authorize the military to begin to conduct the detailed planning to execute the proposed plan.

Orders to deploy actual forces would be reviewed later, depending on how much of a health threat the flu poses this fall, the officials said.

The August Forecast

Patrick Wood

Swine Flu: Pigs to fly soon?

The August Forecast, 28 July 2009
https://web.archive.org/web/20090731110122/http://www.augustforecast.com/2009/07/28/swine-flu-pigs-to-fly-soon/

On April 28, 2009, this writer asked:

"Are globalist fear-mongers driving the media to panic the public into universal health care solutions? Or federally-mandated vaccinations?"

https://web.archive.org/web/20090710180814/http://www.augustreview.com/news_commentary/general/pandemic_nonsense:_flying_pig_flu_20090428118/

In the three months since, not one government official or mainline journalist has asked any tough questions. Instead, they have continued their paranoid stampede to a) make the outbreak a world catastrophe and b) prepare to force immunization vaccine shots on hundreds of millions of unsuspecting people.

This is a formula for health disaster, but when it comes to the bottom line profit of Big Pharma, who stand to gain billions from vaccine sales, a few casualties are acceptable as long as the greater good is being served.

This is the same fuzzy logic popularized by the TV series *24*: Accidentally snuffing a few innocents is acceptable if it leads to the saving of thousands more lives. Of course, the latter is only a possibility and no other options are offered. Somehow, star Jack Bauer always comes through to save the day, but the viewer is left agitated and frustrated.

Worldwide, there have been only 311 deaths directly attributed to Swine Flu, and in many of those cases, there were other circumstances that created complications. The global total of 70,893 reported and confirmed cases is itself suspect, because it's difficult to tell one virus from another.

The scene is being set up. Associated Press reported on July 17 that Secretary of Health and Human Services Kathleen Sibelius recently signed an order granting legal immunity to vaccine makers who might be sued over "unintended consequences" that arise from their vaccines.=>

https://web.archive.org/web/20090802134815/http://www.google.com/hostednews/ap/article/ALeqM5hjdCHrP82YTFser5vD6CzTK1az6wD99GH8580

A top government scientific adviser in England is also a paid member (£116,000) of the board of directors of GlaxoSmithKline. Professor Sir Roy Anderson was one of the first "scientists" who cried "Pandemic!" in April. Since then, he has been working TV and radio to tout the effectiveness of anti-virals to fight Swine Flu (but not disclosing his financial arrangement with GSK, of course.)

Baxter Labs, a major vaccine maker, fortuitously filed a patent for *their* H1N1 vaccine (see page 4 of application) on August 28, 2008. That's right, *2008*, months before the first known outbreak!

Big Pharma lobbyists have been busy working up support in governments around the world to implement ***mandatory*** government vaccination programs to stop the pandemic. In France for instance, it was recently leaked that President Sarkozy had launched a secret plan to set up mandatory vaccination for all residents of France.

In the U.S., Sibelius has already urged school superintendents around the country to spend the summer preparing for a massive Swine Flu vaccination program this fall. For the first time in history, the Feds are recommending three vaccine shots that will include two extra ones for Swine Flu.

Then, there is the mystery of the virus itself. My friend, Dr. Russell Blaylock, who contributed to my original article in The August Review, writes:

"This virus continues to be an enigma for virologists. In the April 30, 2009 issue of Nature, a virologist was quoted as saying,'Where the hell it got all these genes from we don't know.' Extensive analysis of the virus found that it contained the original 1918 H1N1 flu virus, the avian flu virus (bird flu), and two new H3N2 virus genes from Eurasia. Debate continues over the possibility that swine flu is a genetically engineered virus." (see Vaccine May Be More Dangerous Than Swine Flu)

If this was an episode of 24, what *would* Jack Bauer do next?

Science

Jon Cohen

Yet Another New Patient Zero in Swine Flu Pandemic

Science, 28 July 2009, doi: 10.1126/article.41399
https://www.science.org/content/article/yet-another-new-patient-zero-swine-flu-pandemic

A baby from San Luis Potosí in north-central Mexico was likely infected with the 2009 H1N1 influenza virus on 24 February, making this the earliest case of swine flu yet detected.

In an e-mail with ScienceInsider, Celia Alpuche, head of the Instituto de Diagnóstico y Referencia Epidemiologicos (InDRE) in Mexico City, said that her lab had confirmed that the virus had infected a 6-month-old girl who had symptoms of the disease on 24 February, as news outlets had reported . Previously, the earliest case InDRE dated had been to 11 March.

Alpuche said InDRE has confirmed three other cases that had symptoms prior to 11 March: One from Tlaxcala (3 March) and two from Mexico City (8 and 10 March). None of the cases were near Perote, which received a flurry of media attention shortly after the outbreak surfaced because it had what then looked like the earliest cases and the large hog farms in the area.

"We are absolutely done with retesting of all the valid samples we received at InDRE 1 January until now," Alpuche noted.

THE LANCET

Denise J Jamieson, Margaret A Honein, Sonja A Rasmussen,
Jennifer L Williams, David L Swerdlow, Matthew S Biggerstaff, et al.

H1N1 2009 influenza virus infection during pregnancy in the USA

Lancet, 28 July 2009 // 8 August; 374(9688): 451-8.
doi: 10.1016/S0140-6736(09)61304-0. Epub 2009 Jul 28. PMID: 19643469.

Summary

Background

Pandemic H1N1 2009 influenza virus has been identified as the cause of a widespread outbreak of febrile respiratory infection in the USA and worldwide. We summarised cases of infection with pandemic H1N1 virus in pregnant women identified in the USA during the first month of the present outbreak, and deaths associated with this virus during the first 2 months of the outbreak.

Methods

After initial reports of infection in pregnant women, the US Centers for Disease Control and Prevention (CDC) began systematically collecting additional information about cases and deaths in pregnant women in the USA with pandemic H1N1 virus infection as part of enhanced surveillance. A confirmed case was defined as an acute respiratory illness with laboratory-confirmed pandemic H1N1 virus infection by real-time reverse-transcriptase PCR or viral culture; a probable case was defined as a person with an acute febrile respiratory illness who was positive for influenza A, but negative for H1 and H3. We used population estimates derived from the 2007 census data to calculate rates of admission to hospital and illness.

Findings

From April 15 to May 18, 2009, 34 confirmed or probable cases of pandemic H1N1 in pregnant women were reported to CDC from 13 states. 11 (32%) women were admitted to hospital. The estimated rate of admission for pandemic H1N1 influenza virus infection in pregnant women during the first month of the outbreak was higher than it was in the general population (0·32 per 100 000 pregnant women, 95% CI 0·13–0·52 vs 0·076 per 100 000 population at risk, 95% CI 0·07–0·09). Between April 15 and June 16, 2009, six deaths in pregnant women were reported to the CDC; all were in women who had developed pneumonia and subsequent acute respiratory distress syndrome requiring mechanical ventilation.

Interpretation

Pregnant women might be at increased risk for complications from pandemic H1N1 virus infection. These data lend support to the present recommendation to promptly treat pregnant women with H1N1 influenza virus infection with anti-influenza drugs.

The Guardian

Sarah Boseley

Give pregnant women priority for swine flu vaccine, study urges

The Guardian, 29 July 2009, 10.06 BST
https://www.theguardian.com/world/2009/jul/29/swine-flu-pregnant-woman-lancet

Article in Lancet says risk of complications is higher, with worrying death rate from virus among expectant mothers in US

Pregnant women should be prioritised for the flu vaccine as soon as it is available, according to the authors of a study showing they are more at risk of complications and more likely to end up in hospital than other people.

Women expecting a baby should also be given antiviral drugs as soon as they get the flu, says the paper published online today by the Lancet medical journal. Little is known about the possible ill-effects of the drugs on the foetus but scientists say their benefits are likely to be greater than the risks.

The research comes from the US, where six pregnant women died of swine flu complications between 15 April and 18 May. In that month, 34 confirmed or probable cases of swine flu were reported to the Centres for Disease Control and Prevention (CDC) from 13 states. Eleven of them were admitted to hospital.

The rate of admission to hospital is four times higher than in the general population, say the authors, Dr Denise Jamieson from the CDC's division of reproductive health in Atlanta and colleagues. That could be because doctors are more nervous about the effects if flu on pregnant women and are more likely to admit them, but the death rate among pregnant women is high.

"Although the decision to admit a pregnant woman is complex and might include considerations beyond simply the severity of disease, that a high proportion (greater than 10%) of influenza-related deaths in the USA have been in pregnant women is concerning," they write.

"In the previous influenza pandemics of 1918 and 1957, mortality seemed to be higher in pregnant women than in non-pregnant populations ... During the pandemic of 1957, 50% of deaths due to Asian influenza in Minnesota among women of reproductive age occurred in pregnant women."

None of the women who died had been given antiviral drugs promptly, within the first 48 hours of symptoms occurring, they write.

Once a vaccine is available, pregnant women will be a high priority, the authors say. However they are concerned that women may not come forward to be vaccinated because of fear of any effect on their baby. Few pregnant women choose to be immunised against winter flu.

CNN INTERNATIONAL .com/US

Barbara Starr

Military planning for possible H1N1 outbreak

CNN, 29 July 2009, 02:20 GMT (1020 HKT)
http://edition.cnn.com/2009/US/07/28/military.swine.flu/
https://web.archive.org/web/20090801122627/http://edition.cnn.com/2009/US/07/28/military.swine.flu/

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As a first step, Gates is being asked to sign a so-called "execution order" that would authorize the military to begin to conduct the detailed planning to execute the proposed plan.

Orders to deploy actual forces would be reviewed later, depending on how much of a health threat the flu poses this fall, the officials said.

Paul Joseph Watson

Military To Work With FEMA During Swine Flu Pandemic

Global Researach, 29 July 2009
https://www.globalresearch.ca/military-to-work-with-fema-during-swine-flu-pandemic/14949
https://infiniteunknown.net/2009/09/30/us-military-to-get-mandatory-swine-flu-shots-soon/

According to a CNN report, the military will assist civilian authorities in the event of a significant swine flu outbreak in the U.S. this fall, stoking fears that the pandemic, which has claimed relatively few lives so far, will be used as an excuse to implement martial law and a mandatory vaccination program.

"The plan calls for military task forces to work in conjunction with the Federal Emergency Management Agency. There is no final decision on how the military effort would be manned, but one source said it would likely include personnel from all branches of the military," states the report.

The proposal, which was drawn up by U.S. Northern Command's Gen. Victor Renuart, is awaiting final approval from Defense Secretary Robert Gates. The first step would be to sign an "execution order" which would authorize the military to begin detailed planning on how to implement the proposal, before actual orders to deploy military personnel are given.

The amount of troops required or whether they would come from the active duty or the National Guard and Reserve forces has not yet been determined.

Northcom has been preparing for mass flu pandemics for years and indeed, Gen. Victor Renuart spoke of the threat of a flu pandemic emerging out of Mexico just weeks before it actually happened.

Testifying back in March, Renuart said Northcom would provide "assistance in support of civil authorities" during an epidemic, adding "when requested and approved by the Secretary of Defense or directed by the President, federal military forces will contribute to federal support." However, Renuart then added, "USNorthCom does not wait for that call to action."

"Because Mexico is our neighbor and disasters do not respect national boundaries, we are focused on developing and improving procedures to respond to potentially catastrophic events such as pandemic influenza outbreak, mass exposure to dangerous chemicals and materials, and natural disasters," he testified.

Northcom was only relatively recently assigned its own fighting unit – the Army's 3rd Infantry Division's 1st Brigade Combat Team, which had been fighting in Iraq for five years before that. As we have previously reported, the Armed Forces Press Service has initiated a propaganda campaign designed to convince the American people that deploying the 3rd Infantry Division in the United States in violation of the Posse Comitatus Act is a good thing, with images of soldiers from the brigade helping in "humanitarian" rescue missions, such as car wrecks. This is all designed to condition Americans to accept troops on the streets and highways as a part of everyday life.

The assignment of the 1st Brigade Combat Team to Northcom alarmed the American Civil Liberties Union (ACLU). "This is a radical departure from separation of civilian law enforcement and military authority and could, quite possibly, represent a violation of law," said Mike German, ACLU national security policy counsel.

The news that troops are being prepared to work with FEMA in the event of a swine flu pandemic will increase fears that the government is preparing to enforce a mandatory vaccination program – at gunpoint if necessary.

State health authorities have already confirmed that if the government were to announce a mandatory vaccination program, then there would be no exemptions whatsoever and the program could be carried out with the use of force if necessary.

As reported by CNS News earlier this month, a health-care reform bill approved by the Senate Health, Education, Labor and Pension Committee called The Affordable Health Choices Act, will fund the creation of state "intervention" teams that will carry out home visits in order to check that both children and adults have been vaccinated and also provide "provision of immunizations".

"Home visits? What exactly is the state going to do when it sends people to "implement interventions" in private homes designed "to improve immunization coverage of children"? asks the CNS report.

There can be little doubt that many Americans will call upon their second amendment rights and resort to using force to protect themselves and their children if the government attempts to forcibly impose a mass vaccination program. This is why the assistance of military personnel may be necessary to subdue potential resistors in the event of mandatory quarantines and inoculations.

The last time the the national guard and military worked with FEMA and local law enforcement on a large scale in the United States was during Hurricane Katrina, when they aided in the confiscation of privately owned firearms of citizens, even those who lived in the high and dry areas and were unaffected by the hurricane.

US prepares major terrorism readiness exercise

Waspigton, AFP, 29 July 2009

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Washington – Law enforcement and intelligence agencies in the United States and abroad are preparing to go on high alert as part of a massive terrorism prevention exercise – the first of its kind here.

Beginning Monday, security officials at all levels in the United States and four other countries will scramble into action in the wake of a fictional terrorist attack somewhere outside the United States.

The scenario envisions the receipt of intelligence that a follow-up attack is planned inside the United States, forcing agencies inside and out of the country to test their coordination, intelligence and terror prevention skills.

The National Level Exercise 2009 "will be the first major exercise conducted by the United States government that will focus exclusively on terrorism prevention and protection, as opposed to incident response and recovery," the Federal Emergency Management Agency (FEMA) said in a statement.

The US government regularly carries out preparedness exercises, dealing with crises ranging from natural disasters to terrorist attacks.

The 2009 exercise will include agencies in Britain, Mexico, Canada and Australia, as well as federal, regional, state, tribal, local and private sector officials throughout the United States, the Department of Homeland Security said.

"Coordinating with our partners across the United States and around the world is critical to protecting the nation from terrorists attacks," said Homeland Security Secretary Janet Napolitano.

"The National Level Exercise allows us to test our capabilities in real-time to refine and strengthen our strategies for preventing terrorist attacks."

The exercise is expected to last for five days and is being designed to test a variety of "capabilities," including intelligence sharing, counter-terrorism investigation, border security, infrastructure protection, security alerts and international coordination, FEMA said.

"Lessons learned from the exercise will provide valuable insights to guide future planning for securing the nation against terrorist attacks, disasters, and other emergencies," the emergency response agency said.